Maternal and Child Health Services
Title V Block Grant

State Narrative for Wyoming

Application for 2010
Annual Report for 2008

Document Generation Date: Monday, September 28, 2009

Table of Contents

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

See below website.

http://wdhi.state.wy.us/forms/Lists/Policies.doc

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

Public input on this document was received from many of our stakeholders throughout the report and application process. Upon finalization of this document, a complete copy will be made available via the Department of Health Website.

In addition, advertisements were placed in the three largest newspapers in the state, announcing the website where the application could be downloaded, as well as an 800 number that Wyoming residents could phone in to supply comments or offer suggestions.

All comments will be duly noted and incorporated as appropriate.

/2009/ Advertisements are placed in the three largest Wyoming newspapers: Casper Star Tribune, Wyoming Tribune Eagle, and the Gillette News Record. Included in the advertisement is the website where the application can be downloaded, as well as an 800 number giving residents the opportunity to supply comments or offer suggestions via telephone. All comments are duly noted and incorporated as appropriate by the Maternal and Family Health (MFH) Section.

MFH sought and received input pertaining to programs and services from stakeholders by participating in various workgroups, advisory boards, and committees which focus on the populations being served. MFH utilized information received throughout the year to aid in the ongoing evaluation of programs and services. This information was critical during the development phase of the Title V Block Grant report and application process. Continuing efforts will utilize input to further evaluate programs and services, as well as aid in the planning, development, and implementation of current and future programs.
MFH has identified the need for a formal plan to solicit and incorporate statewide input received during all stages of the Title V Block Grant application process. Appropriate agencies and partners will be solicited for comments specific to the Title V Block Grant during the development stages of the application, as well as after its transmittal. During fall 2008, MFH will begin identifying additional partners who also serve the MFH populations, as well as evaluating current programs and services and their impact on the MFH populations. By January 2009, MFH

envisions this plan will be formalized and in full effect, ensuring consistent and timely feedback from appropriate agencies and partners. MFH will utilize this plan in preparation of and in conjunction with the 2010 Needs Assessment process.

MFH will continue to seek input from collaborative partners in order to meet priorities, as well as national and state performance measures. Collaborative partners include Department of Education, Governor's Council on Development Disabilities (DD), Early Intervention Council, and Wyoming Health Council. A more comprehensive list is provided in Appendix D. //2009//

/2010/ Advertisements were placed in the three largest Wyoming newspapers: Casper Star Tribune, Wyoming Tribune Eagle, and the Gillette News Record. Included in the advertisement were the website with the draft application posted and a toll free number giving residents the opportunity to supply comments or offer suggestions via telephone on July 1, 2009 from 11:00am to 1:00 pm. No public input was received. In the future, MFH will utilize the stakeholders participating in the current MCH Needs Assessment to review the block grant and to seek feedback from partners. //2010//

II. Needs Assessment

In application year 2010, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

Maternal and Family Health (MFH) focuses very specifically on the eight priorities from the five year Needs Assessment (NA). Posters of the National Performance Measures (NPM), State Performance Measures (SPM), and priorities have been posted in each program managers' office and in the conference rooms, to guide staff in planning activities.

Childhood obesity is becoming more prevalent in Wyoming, as well as in the rest of the nation. MFH has established a SPM (percent of high school students who are overweight) to highlight and address this issue.
The Epidemiology (EPI) Section is working more closely with other sections in the Community and Public Health Division (CPHD), including the Oral Health Section (OHS) and Wyoming Immunization Program (WIP). EPI also works with other WDH sections, including the Office of Rural Health (ORH) and Office of Multicultural Health (OMH). The first Wyoming Women's NA was conducted in conjunction with the Maternal and Child Health (MCH) Five Year NA. Results are compiled into a report and executive summary, with input from several WDH divisions and sections.

MFH has revised the previously arbitrary process of funding county Public Health Nursing (PHN) offices for enhancement of MFH service delivery. The funding formula currently implemented is based on the Maternal and Child Health Bureau (MCHB) recommendation. Indicators chosen by state and local partners include socio-economic and health status, nursing capacity, and population base. The application requires projected objectives for their county, with the formula phased in over five years to minimize drastic changes in local personnel or services.

WDH has worked toward a more comprehensive and useful strategic planning model, which brings the issues of past performance and future projections to improve the trend, and budget allocation into a simplified and more usable document. The document is used to plan and revise programs and policies, to assure they are aligned with WDH goals.

WDH had 76 databases utilizing different types of software, making data sharing difficult. Efforts to integrate all the MFH databases have been unsuccessful. WDH is currently building the Common Client Index (CCI) to maintain demographic data, indicate participation in programs, and provide initial linkages between programs. Collaborative partnerships with state Information Technology (IT) staff have been formalized, and the MFH and EPI sections will use State Systems Development Initiative (SSDI) funds to support data linkage efforts.

Current efforts are being directed to updating and strengthening systems to enter and manipulate data with greater ease. MFH, in collaboration with WIP, purchased laptops for each county PHN office, which is also available for accessing the Wyoming Immunization Registry (WYIR). A new home visiting database was implemented, with data entered in "real time" at the county office, and stored in a WDH server. The system is robust and capable of collecting and synthesizing data. Nurses check out client records electronically and data is entered when the nurse re-connects to the internet.

/2010/ The perinatal MFH data system was implemented in March 2009. Beginning in April 2009, it will be expanded to include CSHCN, Genetics, Maternal High Risk and Newborn Intensive Care. These new systems will assist in care coordination for pregnant women, infants, and CSHCN.

WDH is no longer participating in the Wyoming Child Major Injury and Fatality Review Board (WCMIFRT). In May 2009, two CPHD staff members will attend the Keeping Kids Alive conference. This conference will enlist a WCMIFRT representative to encourage the three state representatives to work together.

Wyoming continues to struggle with family involvement. In February 2009, MFH funded a parent to attend the Association of Maternal and Child Health Programs (AMCHP) conference. Ms. Pena works at PIC in Casper, and has agreed to participate in the upcoming MFH NA and to assist MFH in building family participation.

A WDH meeting in November 2008 facilitated information sharing and identified current work in the area of child/adolescent physical activity and nutrition. Coordinating WDH efforts were identified and the group expanded to include the Wyoming Department of Education (WDE). A steering committee established a mission and goals. Collaborative work was coordinated within the Bureau of Land Management, Game and Fish, U.S. Forest Service, and State Parks and Cultural Resources. WDH was invited to participate in a strategic planning session, which created the Wyoming Outside Initiative, with the vision to foster the mind, body, and spirit of youth and families by inspiring an appreciation of the outdoors through education, interaction, and adventure. Goals and milestones were established for this project in six general categories: Advocacy, Public Relations and Marketing, Education Outreach, Networking, Data Collection, and Programs and Events. It is the goal within WDH to collaborate in the work of the Wyoming Outside Initiative to support the needs of children and adolescents as they related to physical activity and nutrition.

The 2010 MCH NA officially began in April 2009 when the steering committee met to provide oversight and guidance for the process. A retreat was held in June 2009 for MCH stakeholders, focusing on women and infants, children ages 0 to 18 years, and CSHCN. Training on life course perspective, the NA process, and capacity assessment was provided by Dr. Donna Petersen, Dean of the College of Public Health at the University of South Florida, and a recognized national expert in MCH. Participants at the retreat were divided into population workgroups and explored the MCH issues relevant to each group. They examined data briefs and requested additional data needed to set priorities. After requested data is gathered and provided to the work group and steering committee members, they will reconvene in October 2009 to select MFH priorities and provide input on the final NA document. Once the NA is complete, MFH will meet to create a strategic plan for the next five years around identified priorities. Stakeholders will convene annually to receive an update on progress and to provide feedback to MFH. //2010//

III. State Overview

A. Overview

Wyoming is geographically the ninth largest state in the United States (US) with 97,670 square miles. It is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, in addition to the Wind River Reservation (WRR), cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county being larger than many East Coast states.

Wyoming is the least populated state in the Union with an estimated population of 493,782 (Census Bureau, 2000). The population density of 5.1 persons per square mile categorizes Wyoming as a "frontier" state, with few communities and many miles in between. The size and rural nature of the state, coupled with the sparse population, present obvious geographical barriers to healthcare access.

The majority of Native Americans live on the WRR, which overlaps Fremont and Hot Springs Counties. The two Native American tribes living on the reservation are Eastern Shoshone and the Northern Arapaho who, historically, were warring tribes, and have separate tribal councils.

• The median household income for the state was $41,349.
• Total residents with incomes below the Federal Poverty Level (FPL) in 2000 was 12.5%, with 16.1% of children, ages 5-17 living below the poverty level.
• The statewide unemployment rate at the beginning of Fiscal Year (FY) 02 was 3.9%.

/2009/ According to the US Census Bureau (2007 estimates):
• Estimated racial/ethnic composition of the state is:
94.1% White
1.2% Black
2.5% American Indian/Alaskan Native
0.7% Asian
0.1% Pacific Islander
1.4% Two or more races
7.3% Hispanic
Total Minority populations 12.7% //2009//

/2010/

- ***The 2007 average median household income for the state was $51,731.***
- ***In 2006, 9.5% of Wyoming residents had income below the FPL. Of children ages 5-17 years, 9.4% were in families living below the poverty level, and 15.6% of children under the age of five years lived in poverty.***
- ***The statewide unemployment rate in 2007 was 3.0%. //2010//***

Wyoming's total population increased 8.9% from 1990-2000 from 453,427 to 493,782. In 2006, the total population was estimated at 515,004, a 4.3% increase since 2000. In 2005, 6.3% of all Wyoming families, 10.6% of families with children under 18 years old, and 15.2% of families with children under five were living in poverty. In contrast, 26.3% of all female-headed households, 33.0% of female-headed households with children under 18 years old and 53.9% of female-headed households with children under five years old were living in poverty. Families headed by women were disproportionately affected by poverty. Additionally, the median earnings for full-time, year round female workers were only 60.7% of male workers' median earnings ($25,621 vs. $42,154). Source: US Census Bureau, American Community Survey, 2005.

A tribal liaison from each of the two tribes, Eastern Shoshone and Northern Arapaho, were chosen. One of the goals of the Northern Arapaho is to promote awareness among State Agencies, Legislators, and Governor's Office of the needs and status of Northern Arapaho

children and families. The Eastern Shoshone liaison will work toward legislation to benefit the people of the tribe and the WRR.

/2008/ Tribal Liaisons continued to partner to promote awareness about the needs (and status) of Native American children and families to state agencies and legislatures, working together to benefit the people, the tribes, and the WRR.//2008//

/2009/ The mission of the WOMH is to minimize health disparities in the state through collaboration, advocacy, and education and to promote culturally competent programs aimed at improving access to health care services. Goals are to support, develop, and disseminate information, strategies, and resources that contribute to the improvement of health status in rural communities, and strengthen information networks between WDH and local coalitions including Tribal Health Services and the Hispanic Coalition. Grant Writing and Management Workshops were held on the WRR in September 2007 and 2008. The training provided a neutral environment for both tribes to exchange program resource information and network with community agencies. The OMH also funded a translation service agency in Teton County. Seed money was also allocated to the Inter-Agency Community Coalition (ICC) for printing a Fremont County Resource Manual.//2009//

/2010/ The WOMH funded an initiative to develop a statewide 211 service, so that families could get their resource needs met with one call. Support was also provided to Connect Wyoming, to develop surveys and use them to gather culturally competent information from providers. Connect Wyoming and the Komen Foundation were funded for a mapping project to determine concentrated areas that show a low level of resource utilization within Wyoming, so providers can target those areas for marketing efforts.

Seed grants were allocated to Wyoming schools to provide suicide prevention education and support. The Mental Health and Substance Abuse Services Division (MHSASD) provided Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to all counties. This simple screening process involves just a few questions, and trained interviewers can determine the client's risk level based upon behavior patterns. OMH provided funding for SBIRT training sessions to be offered to the WRR, each of the two major tribes, and one for Indian Health Services (IHS).

In April 2008, WDH unveiled a statewide advertising campaign called "The Line," focusing on alcohol and tobacco use. If an individual's actions cause harm to others, then that individual crossed the line. The focus of the campaign is compelling people to take action and personal responsibility.

The Wyoming Quit Tobacco Program utilizes a Quitline and Quitnet services and counseling services are available to teens through counselors skilled and knowledgeable in working with adolescents. State legislation goes into effect on July 1, 2009 to allow a minor 12 years of age or older to consent to healthcare in order to participate in a tobacco cessation program approved by WDH.//2010//

The Wyoming Office of Telehealth and Telemedicine (OTT) works to increase access and quality of healthcare by assisting providers and healthcare facilities in expanding their reach through the application of technology resources. Demonstration projects and partnerships are being created throughout the state to accomplish these goals. There has been interest expressed in developing online continuing education programs for practitioners in rural areas, contributing to updating knowledge and improving care, and increasing the sense of community among caregivers in isolated communities.

OTT will provide funding to Wyoming Hospital Association (WHA) to create a fully functional statewide telehealth educational network among critical access hospitals. This network will assist hospitals in providing forums for educational events and make administrative events easier to

attend. The OTT has negotiated with Cheyenne Veteran Affairs Services to allow linkage of the weekly Grand Round Continuing Medical Education (CME) program with SEWTN. This broadcasting will also service 18 mental health clinics in WY. /2009/
/2010/ OMH funded Cheyenne Regional Medical Center (CRMC) and Wyoming Health Information Organization (WyHIO) to develop 50 streaming sites within Wyoming supporting multimedia broadcasts to expand Telehealth options. An implementation grant to the Federal Communication Commission (FCC) provided improved capacity to all Wyoming hospitals for mental health clinics to access a high-density link for clients. These telehealth links are billable to EqualityCare.

As a result of budget constraints and a hiring freeze on State positions, the OMH Section currently consists of only the Section Chief. Two other positions in the Section are vacant and will not be filled in the near future. //2010//

MFH is committed to improving pregnancy outcomes by emphasizing pre-conception care, encouraging healthy lifestyle promotion (including contraception support for unintended pregnancy, smoking cessation), and prenatal support (prenatal care access, prenatal classes, smoking cessation during pregnancy, adequate weight gain during pregnancy and screening for perinatal depression).

A "Healthy Baby is Worth the Weight" (HBWW) pilot project will target providers, to assure they are aware of inadequate weight gain as a risk factor for preterm delivery and LBW.

/2008/ Counties of Teton, Laramie, Platte, and Natrona are currently trained and promoting HBWW. Materials are being distributed through Community Health Fairs, High Schools, WIC, and PHN offices.//2008//

/2009/ HBWW materials are distributed and being utilized in thirteen out of 23 county PHN offices, including brochures, posters, and weight grids. Materials will be available to TriCare clients when they schedule their first prenatal visit. APS, contracted by EqualityCare to provide telephonic case management for all pregnant recipients, has requested brochures and weight grids to mail to all clients they contact either by mail or telephone.

HBWW materials were sent to IHS to distribute through the WRR prenatal clinic. Materials were also sent to each of the individual Tribes' Health Director and WIC offices. Additionally, several providers have requested HBWW materials to use with all prenatal clients, with one Obstetrician-Gynecologist (OB-Gyn) requiring all exam rooms to have HBWW posters and brochures. Family Planning clinics (FPC), two Community Health Clinics and the Wyoming Migrant Program (WMH) program are utilizing materials. Many health fairs that have been held throughout WY for schools and communities have included HBWW resources. HBWW has been presented at MFH visits, and materials were left with the tertiary care staff. One hospital in Wyoming, after several cases of Shaken Baby Syndrome (SBS) and Sudden Infant Death Syndrome (SIDS), created a parent education program including materials supplied by MFH related to SBS, SIDS, HBWW, and breastfeeding.//2009//

/2010/ HBWW materials continue to be distributed to State, county, and private entities to help educate pregnant women on risks of inadequate weight gain; however, due to staffing constraints, additional training sessions cannot be scheduled at this time. //2010//

MFH was awarded a Pregnancy Risk Assessment Monitoring System (PRAMS) grant. Colorado Department of Public Health and Environment (CDPHE) will be contracted with MFH to administer the survey and collect data. The PRAMS survey is administered to postpartum women between the third and sixth month after delivery, and addresses behaviors prior to, during, and after pregnancy (intendedness, prenatal care access, smoking, stressors during pregnancy, incidence of domestic violence, etc.). WY PRAMS data will be compared to other PRAMS states, to provide additional data related to the pregnancy outcomes in Wyoming to use

for policy and program development and revision, as the Maternal Outcome Monitoring System (MOMS) was prior to the award of PRAMS funding.

/2008/ The MOMS survey was discontinued in July 2006, and PRAMS funding was used during 2006 for start-up activities, which included the first advisory board meeting, development of protocol, producing materials, and staff development and training. CDPHE will administer the survey and collection of data for PRAMS through an ongoing contract with WDH. //2008//

/2009/ The PRAMS continuation application was submitted in January 2008, to fund expansion of the project. MFH has contracted with CDPHE to continue the PRAMS project, with MFH taking on additional duties that CDPHE had performed, such as drawing sample, mailing all materials and performing data entry from the mailed surveys. CDPHE will continue to conduct telephone interviews to non-respondents of the mail survey.

Several strategies have been employed due to low response rates. A local photographer took photographs of several babies representing the cultural diversity within Wyoming for informational brochures and posters distributed statewide through WIC, FP, PHN, and IHS. There are also bookmarks provided to pregnant women with their prenatal vitamins which will familiarize them with the PRAMS survey they may receive after delivery. //2009//

/2010/ In the fall of 2009, Wyoming will release a data book with MOMS data from 2003-2005. In addition, Wyoming received its first PRAMS data set, with data from 2007, in March 2009. Wyoming has been successfully handling all PRAMS mail operations since April 2008, while CDPHE continues to conduct Wyoming PRAMS phone operations. Survey response rates continue to be lower than the recommended 70%. The PRAMS Survey and materials are available in English and Spanish. //2010//

The Governor and the Director of the Division of Family Services (DFS) are partnering with schools, community organizations, state agencies and the judicial system to share resources and information and establish a better system for families.

/2008/ Partnerships are working together to strengthen services, programs and resources for families experiencing difficulties in Wyoming, including poverty, neglect/abuse, domestic violence, substance abuse, and mental health issues. These efforts are intended to ensure better outcomes for Wyoming families.//2008//

/2009/ Partnering efforts continue to grow within divisions of the Wyoming Department of Health, incorporating the input from community agencies and not-for-profit agencies. Examples of these collaborative efforts will be seen throughout the document.//2009//

The Governor's Council on Developmental Disabilities, in collaboration with several other State and private, non-profit agencies sponsored community forums throughout the state to assess the needs of the following groups: a) Birth to preschool age, b) School Age, c) Transition Age (16-21 years), d) Adults, e) the Aging and, f) those with Acquired Brain Injury (ABI). Forums were held in ten communities throughout the State, as well as at the People First Conference. Commonly expressed, for all age groups, was the need for oral health providers especially those who will accept people with disabilities or who are EqualityCare recipients. Also, medical and mental health providers are needed who will treat clients with disabilities and who are EqualityCare recipients.

/2009/ During the 2008 Legislative Session, Senate File No. 38 replaced the descriptive terms for people with cognitive deficiencies from "mental retardation" in current statutes to "intellectual disability". //2009//

/2010/ The Governor's Council on Developmental Disabilities advocated for those who have been on the waiting lists in Wyoming and went to the legislature for additional

funding during the 2009 Legislative Session. The Joint Appropriations Committee provided an additional $4 million from the supplemental budget to cover the costs of children transitioning directly from the children's waiver to the adult waiver. Remaining funds were used to move as many people as possible from the waiting list to waiver services. Funding went to those individuals and families who had been on the waiting list the longest. An additional $1 million was specifically allocated to fund the children's waiting list. //2010//

The largest Wyoming city's population is just over 50,000, and 70% of people in the state live in the counties that are considered rural or frontier. Therefore, traveling for services is a must so families have high out-of-pocket costs to access providers.

There is a lack of transition planning into adult services. One of the areas identified as needing support and development was emphasis on job skills and career employment in conjunction with life skills. Additionally, youth between 18-21 years, who do not go to school, are prevented from attending day programs or living in a group home funded by the waiver until they are over 21 years, therefore they lose what skills they may have learned.

/2010/ In 2008, Wyoming was selected for a three-year Special Quest Birth-Five: Head Start/Hilton Foundation Training Program Grant. Special Quest is designed to touch the "head, heart, and hands" of families and professionals working together to create inclusive communities for young children with disabilities. The relationship and team-based approach enhances and sustains inclusive services, family leadership skills, and integrated, collaborative service delivery. Representatives from DFS, WDE, WDH, the University of Wyoming (UW), state and regional Head Start, and family representatives comprise the Wyoming State Leadership Team. The goals of the first year focus on inclusion, educating all team members about Special Quest, establishing formal agreements on interagency collaboration for professional development, as the professional development plan is built. //2010//

Approximately 5% of Wyoming children and adolescents have serious and persistent substance abuse and/or emotional disturbances. Of equal concern are 11% of children and adolescents with less severe symptoms. This category includes those at risk of developing more severe symptoms or having their current functioning deteriorate.

/2010/ A pilot project focusing on positive youth development called "My Place, My Space" was implemented through a partnership with the Fremont County School District #1 Lights On Afterschool Program in January 2009. This pilot was based on the "WRAP for Kids" (Wellness Recovery Action Plan) program, and is based on a mental health wellness model developed by Mary Ellen Copeland, PhD. The Strengths and Difficulties Questionnaire was chosen as the data tool to measure progress for the children participating in the pilot. A modified version of this tool was implemented to gather feedback from the teachers of the children. The results of the pilot project will be reported in a breakout session at the First Annual Wyoming Afterschool Alliance Conference in June 2009.

Wyoming's Support, Access, Growth, and Empowerment (SAGE) grant will achieve the goals without accepting the final two years funding of the grant. To date, approximately 60 children have been served. The MHSASD concluded that the termination of this grant will improve the long-term chances of success with systems of care. The burden of grant requirements will be eliminated allowing the state to move forward having learned a great deal about this practice in the last four years. The MHSASD has been restructured to support a sustained effort to institutionalize system of care principles and practices. A full time employee dedicated to system of care development was hired in February 2009.

The Directors of WDH, DFS, and WDE are meeting regularly under the auspices of a

Memorandum of Understanding (MOU) adopting system of care principles. MHSASD is also in the process of structuring its provider contracts to support system of care.

MHSASD intends to continue to use the strategic plan, which has developed over the past year as a guide for ongoing system of care efforts. To assure primacy of the family voice, work with UPLIFT and other consumer organizations, in an effort to implement system of care statewide, will continue. //2010//

Methamphetamine (meth) labs as well as the exposure of families including young children, to toxic meth residue are being addressed. Wyoming does not have standards for environmental clean up of these sites, resulting in innocent people being exposed to these hazards. Counties throughout the state have formed task forces including professionals, and community members to combat the local meth problems faced in communities statewide.

/2008/ WDH initiated a meth prevention campaign targeted to middle and early high school students entitled "Meth Kills Wyoming." This initiative includes print and radio media, on air television commercials, as well as an active website. The recent legislative session saw the introduction and passage of several laws related to methamphetamine including testing requirements, impaired driving and environmental clean-up standards. Ongoing needs in Wyoming include treatment facilities and services, as well as community support and resources. //2008//

/2009/ Wyoming continues continue to struggle with issues surrounding meth production and use. Communities have been ravaged by the devastation to the physical as well as the emotional/social landscape. Many children in foster care are in need of therapeutic foster care settings, and, due to budget cuts within Medicaid, the small number of therapeutic foster care settings that did exist are no longer a viable option for these young victims in need of specialized care.

Centrally located resource centers in Wyoming have been created and/or expanded. WDH encourages healthcare providers to implement early screening of potential substance use-related issues in their clients. The goal is to educate before addiction sets in, and focuses on health rather than appearing as a judgment on behavior. The SBIRT process involves just a few questions asked, and trained interviewers can then determine the client's risk level based upon behavior patterns. A brief educational intervention at that point has been shown to significantly reduce or even end the use of harmful substances.

WDH is assisting to spread the SBIRT practice through the state in medical settings. Currently, the Cheyenne Free Clinic, eight PHN offices and the Laramie County Public Defenders Office are in various stages of implementing the screening process. There is also an online screening tool, Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) that is available through the WDH website.

The Meth Initiative received weed & seed funding, to be administrated by the city for multi-agency support for the city of Casper. With that funding, the following action steps were developed to address, prevent, educate, and intervene:

A residential center at Central Wyoming Counseling is being built

Weekend & special events developed for junior and senior high school students has been well attended and deemed successful

"Run-down" properties have been cleaned up and dumpsters have been more widely available for cleaning up those properties

Increased patrol and on-the-street law enforcements

City services, including planning of sidewalks, lighting, traffic flow and unrestrained pets has increased the number of families living in formerly "run-down" areas

PHN provides group classes at alternative living centers within their community that respond to needs of mothers and their children. This strategy impacts not only meth, alcohol and other drug use, but also the myriad of issues that lead to continued use. There is not universal and consistent testing of infants for drugs at hospitals throughout Wyoming.

The community leadership determined the Meth Initiative will expand to concentrate on other drugs, including alcohol. The Meth Education Committee is planning the 6th Annual Meth and Drug Abuse conference in January. //2009//

/2010/ The Annual Meth and Drug Abuse conference was held in January 2009, and will be scheduled in January 2010 in Casper. //2010//

Children who are at risk for poor outcomes are of concern, with risk factors such as residential disruptions with out-of-home placement; multiple family separations; failed adoptions; physical, emotional or sexual abuse or severe neglect; domestic violence; or a parent with a severe and persistent mental illness or chronic substance abuse problem. Wyoming legislators passed a general fund appropriation to increase the daily rate paid to youth group home providers and non-EqualityCare residential treatment centers.

The Developmental Preschool Funding Bill and the Universal Immunization Bill were passed addressing children at risk. The Developmental Preschool Funding Bill provides for the increase in the funding per child, increase in wages of the developmental specialists/therapists, support of a statewide system for Child Find, continuing professional development, and revision of the funding equation related to the additional number of children receiving services.

/2008/ The 2007 legislative session saw the passage and appropriation of funds to address quality child care systems. This legislation includes ongoing professional development for child care providers as well as facility improvement funding.//2008//

/2010/Funding appropriated for the work of the Developmental Preschool Programs in the 2009 legislative session is under consideration at this time due to State budget cuts. The Wyoming Early Childhood Partnership (WECP) has established a task force framework centered on the key components of an early childhood system. These task forces are designed to help problem-solve systemic issues identified through the work of regional partnerships at the community level. //2010//

Wyoming received a Centers for Disease Control and Prevention (CDC) review and it was determined the Vaccine for Children (VFC) Program funds had been used outside of the parameter of the funding guidance. Changes were made within WIP to ensure that funding guidelines are followed. To cover the immunization costs of children who do not currently qualify for the VFC Program, the Universal Immunization Bill provides funding for those essential vaccines at a lower cost.

/2009/ Currently the WIP continues to receive funding from CDC for federally qualified children through the VFC grant. In addition, the WIP also receives funding from the Wyoming State Legislature through the Childhood Immunization Act which was passed in 2006. During the 2007-08 biennium, the WIP received 5 Million dollars to cover vaccine purchase for all children in Wyoming that are not federally qualified. It is anticipated that the WIP will receive 5.9 Million dollars for the 2009-10 biennium which will start July 1, 2008.//2009//

/2010/ During the 2009-2010 biennium, which commenced on July 1, 2008, the Immunization Section received five million nine hundred thousand dollars ($5,900,000) to

provide immunizations to children in Wyoming that are not eligible for federally-provided vaccines.//2010//

The recent legislative session strengthened the Children's Waiver and the Acquired Brain Injury (ABI) programs by allowing them to use unexpended funds on clients who were on waiting lists to receive services. This allowed the Children's Waiver to serve all children on their waiting list. Additional appropriations were allotted for the Developmental Disabilities Division (DDD) budget, to increase provider (direct care personnel) reimbursement rates by 7%. Passage of the Mental Health Bill (House Bill No. HB0091 in the 2006 Legislative Session) provides $2 million towards the developmental of a Children's Mental Health Waiver, will assist in providing services to children with a mental health diagnosis.

MFH staff participates on the ABI Task Force, to assure needs of the MFH population are being met. A Brain Injury Needs Assessment and Infrastructure Improvement plan for Wyoming was completed during 2006 for the WDH. One of the major components of the study was a comprehensive resource inventory of what is currently available within Wyoming. From that list, gaps were more easily identified, and committees were formed to address those identified gaps. Committees will focus on legislative advocacy, establishing a statewide ABI registry, ABI waiver application, education/rehabilitation model and prevention.

/2008/ Limited participation on the ABI Task Force has been due to changes within CRHD. Future goals are to continue participation as time and staff becomes available. //2008//

/2010/ Due to continued staffing issues, MFH has not attended the ABI Task Force, but MFH staff remains on the e-mail list to keep up with activities.

The Children's Mental Health Waiver is a Medicaid home and community based service waiver that provides individualized services and supports based on the unique strengths and needs of children and youth with serious emotional disturbance and their families. The program began in 2006 and serves children and youth between the ages of 4 to 20 years who meet the definition of serious emotional disturbance. Services offered through the program include family care coordination, family training and support, and individualized child training and support. Waiver service providers are currently available in five locations in the state. Program goals focus on increasing providers to support family choice and service improvements to support increased program utilization. //2010//

The lack of oral dental health providers for all populations continues to be a concern. The national dentist/patient ratio is 1/1750, whereas Wyoming has a dentist/patient ratio of >1/2600. Rural communities experience a mal-distribution of dentists, with urban areas enjoying a more favorable ratio, as well as most all of the dental specialists. Dental capacity is insufficient and dental schools are not producing dentists fast enough to replace the retiring dentists. Solutions such as dental student loan repayments, creating a state financed dental delivery system utilizing mobile clinics and rural dental health clinics (as utilized by IHS) and the use of dental varnishes by primary care providers for prevention efforts are being considered. Funds were appropriated to contract with four part-time dental hygienists to participate in a preventative oral health pilot project in 8 counties, one which includes the reservation. Hygienists will do dental screenings, referrals, outreach, and education on oral health. The Board of Dental Examiners rules and regulations will need revision to allow hygienists to apply fluoride varnishes and sealants.

/2008/ Starting in July 2006, four Community Oral Health Coordinators (COHC) were contracted to conduct prevention programs in eight counties throughout WY. The duties of the COHC are to work with community programs such as Head Start, Child Development Centers, WIC, PHN, and other local and state agencies. The COHC will conduct education and prevention programs, dental screening and follow-up with families to coordinate care on referrals. Plans are being made to contract with two more COHCs starting July 2007 to add four additional counties in Wyoming. //2008//

Additional funds were appropriated for adult EqualityCare recipients increasing the recipient benefit to $400.00 per year for dental benefits. Currently, EqualityCare provides for only two emergency visits a year, x-rays, and problem-focused exams. Through a technical assistance grant, two speakers will present an overview of the Access to Children's and Babies Dentistry (ABCD) program at the Wyoming Dental Association (WDA) meeting.

/2010/ OHS hired three new COHC to expand the program to a total of 13 of Wyoming's 23 counties.

OHS, MFH, and CPHD EPI worked together to design and conduct a dental sealant survey. MFH provided funding to conduct a survey of third graders for school year 2008-2009. Dental hygienists collected data on missing teeth, fillings, decay, and the presence of sealants. This survey was completed in May 2009.

Through funding appropriated by the 2009 Wyoming State Legislature, a study will be conducted to determine the prevalence and severity of oral disease in Wyoming and to assess the oral health needs of Wyoming citizens. This will include an oral health screening for children focusing on decayed, missing, filled, and sealed teeth. Local dentists will volunteer to participate in some communities, and the COHC will assist with coordination and screening in other communities. The Oral Health Section will work with the CPHD Epidemiology Section to design a written survey for adults. //2010//

/2009/ The 2008 Legislative Session saw the passage of legislation aimed at easing loan repayment obligations for physicians and dentists throughout the state, by removing the community matching money requirement. Wyoming's State Children's Health Insurance Program (SCHIP) made a benefit change for eligible clients, with biannual preventive services no longer deducted from the client's yearly maximum benefit. //2009//

/2010/ There was an increase in physician and dentist applicants in the current loan repayment program cycle, from around 25 for three previous years to 54. Prior to the passed legislation, a local community entity was required to supply a 25% dollar match for a physician or dentist to apply, which could be as much as $22,500. Due to the increased number of applicants, the awards went to healthcare professionals in counties of greatest need for healthcare professionals as opposed to counties where money was more plentiful. Unfortunately, due to reduced programmatic budget and the program absorbing the 25% loss of community matching funds, we were only able to award 11 physicians and two dentists. Physicians and dentists are eligible for up to $90,000 over a three-year contract period and in return, they must treat Medicare, Medicaid, and Kid Care CHIP patients among other requirements. //2010//

The Mental Health Division (MHD) and Substance Abuse Division (SAD), within (WDH), provide services through contractual agreements with non-profit service providers statewide for mental health and substance abuse support. Standards guide the delivery of services, and on-site monitoring reviews assure quality services are provided, within the limits of resources available. Wyoming has applied for an EqualityCare Mental Health Waiver, a Substance Abuse, and Mental Health Services Administration (SAMHSA) Children's Mental Health Initiative Grant (CMHI). The EqualityCare Mental Health Waiver for children will be implemented in four pilot sites (Teton, Albany, Laramie and Fremont counties). To further strengthen the mental health system, DDD is providing classes for teachers and other professionals through the childcare centers related to normal psychosocial behavior and methods of parenting that promote good mental and social health.

/2008/ The Centers for Medicare and Medicaid Services (CMS) approved Wyoming's application for a home and community based service waiver for children's mental health effective July 2006. In the first year, waiver services were made available in Natrona, Fremont, and Laramie counties.

The CMHI provided services, as well, through two pilot sites, Laramie and Jackson, Wyoming. Implementation for year two will focus on additional CMHI pilot sites.//2008//

/2009/Additional CMHI pilot sites are being identified for future implementation. Funded by SF-76 and SF-34 in 2007, an Infant and Early Childhood Development Program was made available within the state for families who have children ages 0- 6 years. The program targets high-risk families, including those with history of mental illness, substance abuse, developmental disabilities, out of home placement and in foster care or residential treatment. Collaboration with early childhood entities, daycare providers, and developmental learning centers is imperative to continuing program success.//2009//

/2010/ Wyoming has been working since 2005 to create a permanent statewide pediatric mental health system. This has been facilitated through a partnership between Child Development Services of Wyoming, a private non-profit membership organization of the state's 14 developmental preschool programs, and DDD. Through Wyoming's developmental preschools, early childhood professionals and mental health clinicians offer training to local childcare providers focusing on infant and preschool social-emotional development. Follow-up technical assistance is provided on a case-by-case basis. With the goal of a permanent sustainable system being in place by August 2009, the program's focus has turned to evaluation and sustainability. Early Childhood Comprehensive Systems (ECCS) grant funds are supporting a comprehensive on-site visit to each of the 14 regional developmental preschool programs to review their early childhood social-emotional programs and offer suggestions for improvements and additional activities. Beginning in 2009, two post-graduate certification programs will be offered through the University of Wyoming (UW) focusing on early childhood social-emotional development and pediatric mental health. Discussions are underway to establish a state membership organization for early childhood professionals and mental health clinicians that would sponsor seminars and workshops to compliment the certification programs and serve as a forum for ongoing discussions and sharing of ideas to further benefit the program. //2010//

One of the healthcare provider shortages relates to the nursing staff, complicated by the fact that a large percentage of the nurses working in the state are within five to ten years of retirement age. Wyoming healthcare facilities are also seeing staff burnout. Meanwhile, "mid level" providers, such as nurse practitioners, physician assistants, nurse midwives, nurse anesthetists, and dental hygienists, are not utilized effectively to cover critical provider gaps. UW has a regional Family Nurse Practitioner program and physicians within the state are utilizing those graduates more. A revision to the Nurse Practice Act allows advanced practice registered nurses to practice independently. Most of Wyoming continues to be designated as a mental health professional shortage area, and many parts of the state continue to be designated as shortage areas for primary healthcare. Physician burnout is a problem with many physicians providing care in sparsely populated areas "on call" 24 hours a day, seven days a week, and most days of the year.

/2008/ Several PHN Managers at the local and state level, have retired during this past year. Nursing Services (NS) staff at the state level has begun succession planning efforts to address the nursing shortages statewide.//2008//

Laramie County Community College (LCCC) has funds appropriated to begin construction on the expansion of the Health Sciences Center in order to provide education, which will help to meet the demand for healthcare providers.

/2010/ The LCCC Health Sciences Center opened in early 2009 and will support the new Physical Therapy Assistant program, as well as the established registered and licensed practical nurse, dental hygienist and radiology technician programs. //2010//

MFH is partnering with State PHN staff to determine what support (tuition assistance, educational leave time, stipend, etc.) can be offered to more nurses who choose to further their education from an Associate's of Science Degree in Nursing (AND) to a Bachelor's of Science Degree in Nursing (BSN) or a BSN to a Master's of Science Degree in Nursing (MSN).

National Health Service Corps (NHSC) scores for Wyoming have not been high enough to designate the state as a NHSC site, which would provide healthcare providers with the guaranteed school loan repayment program and other associated benefits.

The first Wyoming graduating class of the WAMI project (a collaborative medical school between the University of Washington and Alaska, Montana, and Idaho) is expected to provide more family practice physicians for our rural state.//2008//

/2009/The Wyoming Health Resources Network (WHRN) has secured the placement of two family practice doctors and three physician assistants during this past grant year. WHRN successfully recruited a WAMI student who will complete his Facial Plastics Fellowship in June 2008 he begins practicing in Evanston, Wyoming, July 2008. Additionally, a physician specializing in obstetrics and gynecology, as well as comprehensive women's health began practicing in Casper, Wyoming, October 2007.//2009//

/2010/ WHRN was successful in recruiting a physician to the Crook County Medical Services District in early 2009 and continues to work with the WWAMI graduates to inform them about four current physician positions in Wyoming. Due to a lack of funding, Wyoming Physician Recruitment Grant Program is not accepting applications during the upcoming year. The Office of Rural Health encourages all Wyoming Healthcare Professionals to pursue NHSC and other federal loan repayment programs. //2010//

Wyoming's low population does not readily support specialists, including obstetricians and pediatricians. Although, Wyoming has contracted with pediatric specialists to provide satellite clinics, there is great competition for their time, and the number of clinics, therefore, may be decreased. Additionally, the Child Development Centers have been required to have masters prepared speech therapists, which contributes to a lack of adequate speech therapists in the state.

/2008/ Satellite specialty clinics provided throughout Wyoming is intended to ensure all children and families access care that is needed. A few of these clinics include developmental screening, genetics, cardiology, and endocrinology. Efforts to increase the types of specialty providers, locations, and times available continue. An area throughout Wyoming of high demand, genetics, has increased the number of clinics being held. Over the past year, The Children's Hospital's (TCH) geneticist providing services to Wyoming children and families through an ongoing contract) has increased clinics in Cody, Wyoming. This has allowed for additional patients to be seen and less traveling for families who live in that area. Future efforts will include expanding other clinics held throughout Wyoming.//2008//

/2009/ During 2007, two genetic clinics were added in Gillette. This has allowed for additional patients to be seen and less traveling for families who live in that area. //2009//

/2010/ In 2009, Presbyterian St. Luke's Hospital (PSL) conducted a study of needs in the Casper area. As a result, PSL added the services of a Pediatric Gastroenterologist. MFH supports and funds multiple satellite clinics in Wyoming. One of these clinics is the Diabetes Outreach Clinic. This clinic is held in Casper and Jackson. At diagnosis, the families meet with an MD/Physician Assistant (PA)/Nurse Practitioner (NP) who gives an overview of diabetes and its treatment. They also meet with a nurse educator who explains meters, insulin actions, and injection techniques. A member of the nutrition team discusses foods to avoid and introduces the idea of carbohydrate counting. Finally, families meet with a member of the psychosocial team who evaluates family problems,

grief reactions, mental and other health issues. In Casper, the nutrition piece is provided through the Diabetes Education Center of the hospital. In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually. Dr. Robert Leland and Dr. Diane Edwards have increased their developmental clinics. In 2009, MFH collaborated with Developmental Pediatric Services in supporting Autism Awareness Month and free autism screenings held around the state.//2010//

There continues to be a concerted effort by the Wyoming Medical Association (WMA) regarding tort reform legislation, which is believed to be one of the reasons that Wyoming has physician recruitment and retention issues. More physicians left the state after tort reform passed, and a Medical Review Panel was established that will review all cases.

Wyoming has built an infrastructure of services and programs to provide health coverage for special populations, including EqualityCare, SCHIP, Prescription Drug Assistance Program (PDAP), EqualityCare waivers for specialized medical care, senior citizen services, and services for developmentally disabled children and adults. Government funded healthcare providers in the state serving the medically indigent include IHS, MCH programs, PHN, Migrant Health Program (MHP), Title X family planning clinics, public school nurses, mental health services, and dental programs. The national nurse crisis has affected the ability to provide some of these services.

Wyoming Health Council (WHC), a private non-profit healthcare administrative agency, assures access to comprehensive, high quality, voluntary family planning, and other healthcare services in Wyoming. WHC funds family planning clinics at 26 sites throughout the state, with Title X and supplemental funding.

Clinics provide:
- Gynecological exams and pap smears
- Anemia assessment, as indicated
  Blood pressure evaluation
- Colo-rectal cancer screening in individuals over 40 years old
- Breast and cervical cancer screening
- Testing and treatment for sexually transmitted diseases (STD) and HIV
- Contraceptive supplies/methods on a sliding fee scale and pregnancy testing

Referrals, counseling, and education include:
- All contraceptive methods, pregnancy diagnosis, and options counseling
- Genetic information and referral
- Infertility services
- Nutritional counseling
- Health promotion and disease prevention
- Adolescent services, including encouraging parental involvement in any decision-making processes
- Fertility regulation, including both reversible and permanent contraception//2008//

/2009/ Additional counseling and educational services include:
Preconception care and education //2009//

In September 2005, the DHHS Office of Women's Health (OWH) designated WHC as a Rural/Frontier Women's Health Coordinating Center (RFCC). WHC was awarded with a federal contract to identify, coordinate and leverage a network of new and/or existing resources to facilitate access to a range of health and wellness services for women and their families. The RFCC was charged with several tasks, three of which are: 1) cultivating leadership and advocacy skills of women; 2) facilitating research in women's health and 3) assisting with the provision of culturally competent and geographically appropriate training and education for health professionals.

/2009/ Due to restructuring at the federal level (DHHS, OWH) of the Centers of Excellence and RFCC program, existing contracts closed out at the end of 2008; therefore, the RFCC at the WHC is no longer in existence. Funding that had previously supported the OWH program was incorporated into a revised program and a new Request for Proposal (RFP) was issued in 2008 for national competition. WHC was not awarded funding in that cycle. //2009//

Wyoming MHP provides services to migrant and seasonal farm workers and their families in the Big Horn Basin, including Park, Washakie, Big Horn and Fremont counties. The program includes:

- Health education and disease prevention programs
- Primary healthcare service with a focus on screening clients and referring those in need of additional services
- An entire family service delivery system

/2008/ The mission of the MHP is to improve the health status of migrant and seasonal farm workers and their families through the assurance of high quality, primary and preventive healthcare services. Since initial funding from Health Resources Services Administration (HRSA) in 1997, the MHP has provided over 10,000 service encounters to approximately 4,000 clients. The program provides primary healthcare, including diagnostic screening and testing; pharmacy services; gynecological care; hearing, vision and nutritional services; access to dental care and outreach services to approximately 800 workers and family members per year. MHP collaborates closely with PHN, DFS, WIC, BB, Head Start, Cent$ible Nutrition, community service and civic organizations. //2008//

/2010/ WHC assures the Preconception Health Project (PHP) is made available to clients through the MHP. Additionally, an annual Faith Community Nurse Training is organized through WHC. This is an opportunity for nurses who are working part-time, or perhaps retired, to assist parishioners within their community with education and support. //2010//

Healthcare for the homeless facilities and Community Health Centers (CHC) in Cheyenne and Casper, and the MHP in the northwest part of the state receive federal funding to provide care to the medically underserved. Free clinics in Laramie and Cheyenne are primarily dependent on private donations of time and resources.

/2008/ Cheyenne Health & Wellness Center (CHWC) is in the process of expanding their services to include two additional exam rooms and a larger laboratory. The value of the larger laboratory is that increased lab tests can be conducted on site for less cost, and the results could be available in a timely manner. Dental services continue to be referred out from CHWC; there are ongoing discussions for provision of dental services. Vision services are now available to test for diabetic retinopathy, a result of the partnership with the Lion's Club. Exams are conducted twice each month, and there are ophthalmologists in Cheyenne who volunteer services to assist a limited number of clients per month who are in need of specialty eye care.

Mental health support is provided through a partnership between CHWC and Peak Wellness Center in Cheyenne. During the next fiscal year, a Behavior Health Specialist will be hired through CHWC to provide onsite counseling, while awaiting appointments with psychiatrists or psychologists through Peak Wellness Center.

Discounted medications are available through a local Cheyenne pharmacy. In 2005, legislation passed to allow for donations of unused prescription drugs, thus the Medication Donation Program began in 2006. Various donations sites are available throughout the state in cities such as Casper, Cheyenne, and Wheatland.

The CHC in Casper, located at the UW Family Practice office provides dental services for that region. //2008//

/2009/ The pharmacy distributing recycled medication is currently open four days a week, four hours a day. Clients must be referred to the service, either by not having any insurance to cover prescriptions, or insurance which includes a very high deductible. Medications are only taken for the program if they are in blister-packs. The pharmacy is available during the free clinic that is held one evening a week in Cheyenne.

CHCCW provides general primary medical care, prenatal and in-patient care, preventive dental care, and mental health treatment and counseling, including specialty clinics such as Coumadin support, diabetes education, child advocacy center, and blood pressure and asthma classes and support. During 2007 a cardiovascular clinic was added. A new federally funded community health center, Riverton Community Health Clinic, has been established in Riverton, providing both medical and dental services.//2009//

/2010/ Community Health Center of Central Wyoming (CHCCW) has recently requested HBWW materials for their pregnant women to assist with decreasing the preterm and low birth weight rate. //2010//

WDH has a Public Health Information Officer (PIO) to assist in marketing efforts for WDH programs, including MFH. It is imperative that social marketing efforts "normalize" MFH program access through PHN offices, to change the culture of PHN being only for low income clients.

/2009/ Posters have been made available for MFH partners to support referral of families to PHN offices. "Don't you wish everything came with instructions?" is the premise of the poster, and information is provided referring to the local PHN office. //2009//

/2010/ MFH reviewed, revised, and updated all brochures, some targeted at providers while others provide detailed program information for consumers. All brochures are available in alternate formats as requested. //2010//

Early detection and prevention programs including Breast and Cervical Cancer Program, Early Head Start and Head Start, child development centers, and the WIC program, promote wellness and help prevent illness. The "1 before 2" program encourages parents to have one developmental screen done by age of two years for all children has been successful through the Child Development Center Association (CDCA).

Specific health conditions are addressed by periodic clinics and target children with special healthcare needs, such as the deaf and blind, and cleft palate clinics. A public and private partnership to address children's vision care includes the Wyoming Lion's Clubs, Wyoming Institute for Disabilities (WIND) and DDD. Tertiary care centers provide satellite clinics throughout the state, ranging from once a month to twice year, including cardiology, endocrinology, diabetes, and genetics. A few Wyoming providers also offer satellite clinics, which include ENT clinics and developmental clinics.

/2008/ Specific health conditions are addressed by periodic specialty clinics which target children with special healthcare needs such as the multi-impaired and cleft palate clinics. //2008//

/2009/Federal legislation, entitled Stark Law II, may pose very problematic for Wyoming. As it is now understood this law would make doctor referrals illegal and they may become liable if that doctor would stand to gain financially. Thus far, two of the four endocrinologists have stopped providing services to children at specialty clinics in Wyoming. This change has created a hardship for families who are now forced to travel greater distances in order to obtain services. //2009//

/2010/ In Spring 2009, MFH supported the Wyoming Lion's Early Childhood Vision Project with funds to purchase additional screening equipment and to continue screening

activities. In 2008, 5,936 Wyoming children were screened through the efforts of the Lion's Vision Project. In Wyoming, 16 children were diagnosed with amblyopia (lazy eye) and 120 children had other diagnosis found as a result of these screens. The vision pathways in the brain must become strong early, when children are very young. The first few years of life are the most important for eyesight. After a child is eight to ten, the brain's vision system is complete; it can't develop anymore. If the amblyopia hasn't been treated by this age, the child will have poor vision for life. It will not be possible to fix it with glasses, patching, or any other treatment. MFH will continue to meet with a group of stakeholders to help determine a sustainability plan for this project.//2010//

Programs and organizations that advocate for those Wyoming citizens in need include the Council on Aging, UPLIFT (mental health support and advocacy), Parent Information Center/Parent Education Network (PIC/PEN), Protection and Advocacy (PA), and the Family Support Network. The Governor's Council on Developmental Disabilities and the Offices of Women's Health and of Minority Health work toward elimination of barriers to achieving optimal health for all Wyoming residents.

/2008/ Family Voices advocates for Wyoming citizens with special healthcare needs. A representative from Family Voices has attended the Association of Maternal and Child Health Programs (AMCHP) annual conference through funding provided by MFH. Future efforts will be to continue funding a representative to attend AMCHP with the hope that this person can play an integral role in the transitioning processes within MFH programs.//2008//

/2009/ Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This will strengthen Wyoming's Family Voices Chapter.//2009//

Health insurance is not affordable for the working poor within the state, with gaps in services for low-income senior citizens and uninsured young adults. Wyoming's rate of multiple job holding is significantly higher than the national rate, and those individuals generally do not have access to employer-assisted health insurance plans. EqualityCare continues to provide case management for high-risk recipients to help decrease fragmentation and contain healthcare costs, while eligibility caps on EqualityCare can prevent recipients in need of those programs from accessing appropriate healthcare. EqualityCare instituted a pharmacy card program for certain populations, encouraging the use of generic medications and pharmacists who counsel clients on their prescribed medications.

/2010/ The 2009 legislative effort to expand Kid Care CHIP eligibility to 300% of the FPL failed. The recent economic crisis has led to increased Medicaid enrollment.//2010//

Distances between providers continue to effect coordination and utilization of necessary services. Services available in the state are not always utilized by the healthcare consumers who are eligible and need them. EqualityCare, in an effort to be more cost effective, has severely limited emergency transportation funds, which are provided prior to the appointment, to assist families in keeping their healthcare provider appointments. It is a hardship for families who are at 133% FPL or less, who frequently do not have enough expendable income to cover transportation and/or overnight costs to out of area or state providers. Therefore, it is imperative that service delivery models provide transportation to assist families in accessing care.

/2010/ In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for the Maternal High Risk Program (MHR), Newborn Intensive Care Program (NBIC), and Children's Special Health Program (CSH).//2010//

Regional training is provided through the Rocky Mountain Public Health Education Consortium (RMPHEC) for healthcare providers to enhance their Public Health leadership and scholarship. MFH supports the consortium by staff participating on the partnership planning committee, which

includes representatives from many western states University of Arizona, University of Utah, University if Alaska, Colorado State University, University of Colorado, University of New Mexico, Utah State University. A week-long summer institute is conducted each year in a different state.

/2008/ MFH was awarded a grant through the RMPHEC to bring a national speaker to the 2007 Annual MFH/PHN meeting to address motivational interviewing in the MFH population.

Applications have been released for the new class of the RMPHEC MCH Certificate Program, which offers a way to strengthen knowledge about maternal and child health. Offered through RMPHEC, this class consists of 12 credit hours, one year long, for MCH professionals wishing to enhance their public health leadership, scholarship, and partnership capabilities. This year's program runs September 2007 through September 2008. //2008//

/2009/ RMPHEC provides opportunities for anyone interested in a career in public health to pursue that goal with distance learning opportunities, through the RMPHEC Institute and participating member universities nationwide. Current opportunities include program planning and evaluation for MCH professionals, MCH cultural factors, building systems of care for children with special health care needs, adolescent health- a community perspective, fundamentals of public health and SADLE (Substance Abuse Distance Learning Enhancement). //2009//

/2010/ In October, MFH staff participated in the RMPHEC annual meeting's State Leaders panel. Each state leader provided a summary of the following: What are the current issues and challenges for the MCH practice community? What are the key leadership lessons for you this last year? How could the Consortium assist with your concerns and challenges? Wyoming shared the challenges of staffing, including re-classification freezes and limited staff experience in public health. Wyoming is also faced with changes in presumptive eligibility, resulting in decreased access to prenatal care for non-citizens, the need to move to electronic matching of birth records, and plans to use the block grant as a planning tool. The Consortium responded to common concerns among the states related to dealing with budget cuts, building capacity of research and evaluation, sharing resources, and linking MCH staff without spending resources. The Consortium discussed facilitating mentoring between program staff across states and continuing the RMPHEC Summer Institutes. MFH staff participated in RMPHEC Advisory Board meetings helping to develop the next five-year objectives and strategic plan. The 2009-2010 Rocky Mountain Maternal and Child Health Certificate Program was canceled due to the lack of federal funding. The RMPHEC plans to continue efforts to secure future funding for this highly regarded and much needed program. //2010//

MFH provides onsite training for PHN staff annually, and periodically, throughout the year. The 2006 Annual MFH/PHN meeting is scheduled for August 2006 in Casper, Wyoming. Agenda items include embryology, data training, and addressing cultural differences and considerations. There will be a follow-up plenary session presented last year from the National Family Violence Prevention Fund, and a follow-up on the "Bridges Out of Poverty" presentation MFH sponsored last year. MFH is also sponsoring a second session to the "Bridges Out of Poverty" presentation in October 2006 for an audience of private providers, DFS, and law enforcement, to assist in engaging and retaining clients in community programs.

/2008/ "Applying Bridges Out of Poverty: Strategies for Professionals and Communities" seminars were held, free of charge, in Riverton (Northern Arapaho Nation), Evanston, and Rock Springs April 2007.

/2008/ The Annual MFH/PHN meeting is scheduled for September 2007 in Cheyenne. Motivational Interviewing will be provided to assist PHN staff with eliciting appropriate information from clients to help assess their needs. Other topics of discussion will include Skilled Dialogue, Hispanic Health Disparities, and breakout sessions on Epidemiology, Happiest Baby on the Block, Genetics, and Supplemental Security Income (SSI). MFH will offer Continuing Education

Units (CEU) for Public Health Nurses who attend this conference. Nurses will receive hands-on training for direct data-entry into the new home visiting data system. //2008//

/2009/ The 2008 Annual MFH/PHN meeting is scheduled for August 19-21 in Cheyenne, Wyoming. Refresher courses on data systems and the importance of data-driven decision making will be included, along with, presentations about the signs and symptoms of Fetal Alcohol Syndrome (FAS) and/or Fetal Alcohol Effect (FAE), preterm birth issues/concerns, preemies transitioning to home, and nurse home visiting presentations. Dr. Harvey Karp, who is the founder of The Happiest Baby on the Block and Happiest Toddler on the Block programs will present on how to implement his proven philosophy, for PHN staff to use with families. MFH will provide CEUs for PHN staff who attend.//2009//

/2010/ The annual MFH/PHN conference will not be held in 2009 due to budget restrictions and staffing shortages. MFH staff plans to hold web-based trainings for PHNs quarterly. In addition, training for PHNs on preemie standards and assessment was held in April 2009, in Lander, Wyoming. MFH will also provide needs assessment training to population work groups at a retreat in June 2009 in conjunction with the MCH needs assessment. //2010//

MFH has become a provider of CEUs for nurses through the North Dakota Continuing Nursing Education Network (CNE-Net). PHN staff attending MFH sponsored trainings can obtain necessary CEUs, at no cost to them.

/2010/ MFH will provide the necessary fee and documents to become recertified as a Nursing Contact Hour provider in late 2009. The certification period will be for another three years. //2010//

The MFH Section of the WDH conducted and submitted a five-year comprehensive needs assessment in fiscal year (FY) 05. The model indicators utilized a set of broad health measures developed by MCHB and were organized under five domains: health status, risk/protective status, health and health-related services, health systems capacity and adequacy, and contextual characteristics. MFH used these indicators as a tool for planning and organizing a "stand-alone" community reference guide entitled Comprehensive Assessment of Wyoming's Maternal and Child Health Needs 2006-2011. Based on the results of the 2001-2005 needs assessment and stakeholder input, MFH emphasizes (not listed by priority):

1. Care coordination services for the at-risk MFH population including first time mothers, women with high- risk pregnancies, and children with special healthcare needs.
2. Barriers to accessing health and dental care.
3. Incidence of low birth weight births in Wyoming.
4. Mental health service capacity for MFH population in Wyoming.
5. Preventable disease and injury in Wyoming children and youth.
6. Tobacco and other substance use in the MFH population.
7. Family participation and support in all MFH programs.
8. Women's pre-conception and inter-conception health.

/2010/ The current fiscal climate has impacted the ability of MFH to effectively impact the health of Wyoming women, children, CSHCN, and families. MFH state funds were cut by approximately 15%. In addition, Wyoming issued a hiring freeze for all vacant State positions leaving the MFH section chief position and the CSH program manager positions filled by interim staffs that also fill other positions. In addition, the CSH administrative assistant position is vacant. The MCH Needs Assessment will help MFH identify priorities and plan work effectively in light of limited resources. //2010//

B. Agency Capacity

The MFH Section, housed within the Community and Public Health Division of the Wyoming Department of Health, is responsible for the administration of the Title V Block Grant. The mission of the division is to assure development of systems of health services for all Wyoming citizens that are family-centered, coordinated, community-based, culturally appropriate, cost-effective, and efficient. In addition, the division has a goal of improving outcomes related to the health of all communities in the state.

The Wyoming Legislature has authorized the Wyoming Department of Health to secure Title V funds in W.S. 35-4-401-403 and to operate MFH programs in support of public health and safety in W.S. 35-1-240 and 9-2-106. Additionally, W. S. 35-27-101 through 35-27-104 became effective July 1, 2000, authorizing expansion of home visiting (HV) services to families with pregnant women and infants through age two. Other vulnerable populations were designated as also benefiting from one on one home visits, including premature infants, first time mothers, mothers who are incarcerated, or have substance abuse problems, and women who experience violence/abuse.

/2008/ Wyoming currently conducts the NFP Program, which is research based and evaluated. NFP is designed to help first time parents have a healthy pregnancy and baby. The model dictates that nurses delivering the program should hold a BSN degree. A current review of the Wyoming NFP Program has shown that many nurses delivering this program do not hold a BSN. An effort to partner with the UW College of Nursing Program to expand educational opportunities for nurses has begun. //2008//

/2009 /The PHN Chief Nurse Executive for the WDH is considering allowing a more regionalized approach to the NFP program in some areas of the state. Due to low birth numbers in some counties, high staff turnover, high cost of program implementation, and shifting local priorities, some counties may combine staff and efforts to reach the intended population.

NFP operations have been moved to the Nursing Services Section. Discussions continue in CPHD on how to best manage the program with Temporary Assistance to Needy Families (TANF) funds being received and distributed by MFH. A PHN, who has extensive experience and knowledge working with MFH programs, was hired from a local county office as the PHN Program Specialist who serves as the MFH liaison. She works with both NS and MFH to coordinate all MFH programs. //2009//

Wyoming is unique in that our minority populations are primarily Hispanic (6.4%) and Native American (2.1%). Therefore, we direct the majority of minority services to the two counties in which most of the population resides (Teton and Fremont counties). After several years of no reimbursement for translation services, Medicaid/EqualityCare is in the process of adding translation services to their benefits. They are contracting with a private company that provides interpretation by phone for several languages and dialects, and local translators will be enrolled to receive payment for their services. The fee that Medicaid will reimburse for services is many times more than what MFH currently pays, and consideration will be given for increasing MFH reimbursement for translation services.

/2008/ Clarification: The MFH reimbursement schedule for translation and transportation fees changed to mirror EqualityCare in July 2006. //2008//

/2010/ In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. //2010//

In April 2004, two programs were transferred to MFH, the Genetic Counseling Services (GCS), and the Newborn Metabolic Screening (NBMS) program. The NBMS program is mandated by

Wyoming Statute (W.S.) 35-4-801, which provides screening for inborn errors of metabolism. In July of 2003, the fees for the laboratory went up and the Title V Block Grant could not fund the screening at 100%, as it had done in the past. In August of 2004, a fee was established and hospitals were assessed a $48.00 fee for each initial screen they performed. W.S. 35-4-801 provides for metabolic screening and newborn hearing. The rules and regulations for metabolic screening allowed the setting of fees to maintain the screening; however, newborn hearing did not include that in their rules and regulations. Amending the Rules and Regulations to charge a fee for newborn hearing is currently being pursued. The Newborn Hearing Screening program currently receives two grants, one from MCHB, and one from Child Development Centers, and the ability to assess a fee to hospitals would serve to stabilize the funding of that program. The NBMS program will be increasing the fee charged for the metabolic screens, due to the addition of nineteen screens, and partnering with Wyoming State Laboratory in establishing a courier system to pick up laboratory specimens throughout the state in a timely manner.

/2008/ Starting July 2006, the newborn metabolic screening fees increased to match current expenses and expansion of this program, which increased from 19 to 21 screens. During the 2007 legislative session, the Wyoming Legislature reviewed and approved the assessment of fees to Wyoming hospitals for newborn screening and hearing mandated through statutes W.S. 35-4-801 and W.S. 35-4-802. //2008//

/2009/ The rules and regulations for the Newborn Metabolic Screening (NBMS) program, within MFH, as well as the Newborn Hearing Screening program, housed within the DDD section, have both passed review and have been signed by the appropriate authority. Newborn Hearing screens are being performed for a charge of $50.00 each, and newborn metabolic screens are being performed for a charge of $70.00 each./ /2009//

/2010/ The legislation mandating newborn metabolic screening and newborn hearing screening was amended in 2009 to include a mandate for NBMS program within MFH and EHDI to provide parent education on the testing procedures and the consequences of treatment or nontreatment. //2010//

In the 2004, legislative session House Bill 33 established and funded the Wyoming Children and Families Initiative (CFI). A statewide effort of stakeholders including private businesses, non-profits, local interest groups, government, and community members joined together in a dedicated effort to improve the well-being of the most valuable assets in our state: our families. Five results to benefit children and families were established: 1) Wyoming families living in a stable, safe, supportive, nurturing, healthy environment; 2) A diverse economy that provides a viable income and ensures wage equality; 3) Affordable and accessible healthcare and insurance; 4) Children born healthy and achieving their highest potential in early development years; and 5) Students successfully educated and prepared for life's opportunities. Each result has four established indicators of the progress being made in each area.

/2008/ Funding to continue the CFI was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative. //2008//

Each result has four measurable items, indicators of the progress being made in this area. The Early Childhood Comprehensive Systems (ECCS) Grant was utilized to address the early childhood portion of this effort. Building on this initiative, legislation was passed in 2006 about quality child care. This was a much debated bill, initially providing for a quality child care system within DFS; criteria for the rating of child care facilities; delineated incentives for the professional development of child caring facility staff; required reports; granted rulemaking authority; and authorized positions. The program was moved to the Department of Workforce Services (DWS) and an interim study was ordered to be presented to the 2007 Legislature about this system.

/2008// At this time, ongoing collaborative efforts with Wyoming Department of Workforce Services (DWS) and other stakeholders focus on system building to strengthen quality childcare

programs in Wyoming. //2008//

/2009 /Many of the stakeholders from the original CFI have joined together with members of the ECCS steering committee, the DWS staff charged with the quality childcare initiative, private childcare providers, DFS staff, childcare licensing and school personnel to continue work intended to benefit the youngest of Wyoming citizenry. The acquisition of a Smart Start Technical Assistance Grant, assessment and program development of a statewide collaborative is underway.

DWS is also working to implement a CLIMB Wyoming (programs to train and place single mothers into higher paying jobs) project for fathers, as there has been a program for single mothers with infants for several years. The project, sponsored by DWS is to be functional by the summer of 2008 and provide support and education to fathers. The CLIMB Wyoming for Fathers will supplement the Fatherhood Initiative. //2009//

/2010/ The Wyoming Early Childhood Partnership (WECP) and the WY Kids First Initiative focuses on development of a comprehensive and collaborative early childhood system of quality-based early care and education, integrated family support services, and accessible and affordable healthcare. The WECP and the WY Kids First Initiative include many of the stakeholders from the original Children and Families Initiative (CFI), the ECCS steering committee, DWS staff responsible for the quality childcare initiative, private childcare providers, DFS staff and other partners in continuing the work intended to benefit the youngest Wyoming citizens. In January 2008, Wyoming was awarded a Smart Start Technical Assistance Center grant to develop a comprehensive early childhood system. A statewide assessment of the state's previous efforts toward early childhood system development was completed and six recommendations were made based on these findings. These recommendations guide the work of the WECP and the initiative. ECCS grant funds are being used to provide some financial support for this work. MFH staff are involved in grant and contract management oversight of the work of the WECP. //2010//

Key to the operation of the State MFH (Title V) Section is Wyoming's network of PHN offices located in each of Wyoming's twenty-three counties. PHNs provide the local service delivery infrastructure by serving as the first contact for families who are in need of MFH services, ensuring their entry into the MFH continuum of care. Limited financial support for prenatal and infant care for those pregnant women who are uninsured or underinsured is offered. Additionally, prevention and intervention services are provided in the areas of communicable disease, pre-admission screening for nursing home placement and homeland security. PHN staff advocates for families by requesting services that families may be eligible for, but are not aware of, such as transportation or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). PHN staff serves on local interagency community councils and are responsible for updating community resource manuals at least annually.

In addition to collaborating and coordinating with PHN, MFH has a long-standing history of networking/collaborating with state and local consortia of health and social service agencies. Extensive efforts have been made to identify and provide support for health needs, service gaps, and barriers to care for families and children. As a community-based program, MFH utilizes a combination of federal and state funding in addition to fee collection, for systems infrastructure development and capacity building in an effort to ensure local public health and safety net services are met for the MFH population.

A major strength of the MFH Title V program is the ability to identify and address persistent and emerging health issues for women, infants, children, and youth, including those with special healthcare needs, by assisting families on their self determined needs. The flexibility of the block grant to address a very broad array of health issues supports formation of vast networks to benefit families.

MFH program services, provided primarily through PHN offices, fill a critical access gap ranging from family planning to specialty clinics for children with special healthcare needs (CSHCN). Additionally, funds for programs to address health concerns have been initiated i.e. Women's Reproductive Health Study.

A number of national- and state-level changes have influenced the infrastructure development of the MFH program by placing increased demands on current available resources. These changes include:

In depth scrutiny of Medicaid and its budget, the largest budget in WDH.
Increased demand on PHN staff to provide Homeland Security Services.

/2008/ Nursing Services (NS) staff, who are involved in the Wyoming Bioterrorism Response efforts, have secured funding to purchase video teleconference equipment for each local PHN office. This equipment, which is web-based and cost-effective to access, will improve communication efforts between state and local agencies. //2008//

/2009/ CPHD is in the preliminary stages of discussing a Continuity of Operations Plan which focuses on disaster planning and continuation of essential services. Additionally, March of Dimes (MOD) offers Disaster Planning for Pregnant Women via download from their website.

/2009/Nursing staff shortages, ongoing budget cuts to the Title V program, and shifting local priorities make the expansion and strengthening of Title V programs difficult. Efforts to meet local needs, purchase additional materials/equipment useful to MFH programs and initiatives, and promotion of collaborative partnerships at the local level continue to be stressed. //2009//

WDH has created and filled a position for the management of the WDH Information Technology system. This position has begun to set up an enterprise system for the WDH databases. An application in partnership with a private entity, Limelight, was made for a grant to have an integrated child health record system. If this grant is not funded, efforts will continue with Limelight to utilize the integrated record that they have developed for the state of Georgia.

/2008/ Limelight is no longer contracting with Wyoming Department of Health, however efforts are underway with WDH IT staff to develop an integrated data system using SSDI funds. The Director of the WY Department of Health has determined this to be a top priority. //2008//

/2009/ MFH and EPI staff have worked diligently with WDH IT staff to create and launch data systems which will help MFH gather timely information, link clients between programs, and monitor health conditions of eligible clients in local areas. In January 2008, we rolled out the new data system for BB, an assessment and monitoring program designed as a "first step" when accessing MFH programs locally for pregnant women and newborns.

In addition, data linkages were created between vital records and the NBMS program in order to further develop and strengthen the process of assuring all Wyoming newborns are screened for inherited metabolic disorders in a timely manner. The CSHCN program is in the initial stages of developing a new data system which will have the capability of collecting information from the BB data system. It is the hope of the MFH team that these systems will be able to monitor and link with each other in order to track clients and provide guidance regarding their individual health needs. //2009//

Health Insurance Portability Act and Accountability (HIPAA) rules continue to have an effect on the exchange of information between providers.

Wyoming Medicaid continues eligibility guidelines at 100% FPL for children six to eighteen years of age.

/2008/ Wyoming Medicaid continues eligibility guidelines at 133% FPL for children under six

years of age. //2008//

Numerous issues related to recruitment and retention of health providers in Wyoming is slowly being addressed.

Medicaid reimbursement for obstetric services increased with recent legislation.

Also, the medical malpractice insurance account was extended.

The Loan Repayment Program was given an additional $5 million to recruit healthcare providers, which includes psychiatrists and dentists.

SCHIP guidelines have increased to 200% FPL.

The continued efforts by the state government to follow up on the results of the survey on Wyoming's children and families. This legislation was passed in FY04 to provide funding for a comprehensive survey of the needs of Wyoming's CFI.

/2008/ Funding for the Children and Families Initiative (CFI) was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative. //2008//

/2009/ Many of the stakeholders from the original CFI have joined together with members of the ECCS steering committee, the DWS staff charged with the quality childcare initiative, private childcare providers, DFS staff, childcare licensing, and school personnel to continue work intended to benefit the youngest of Wyoming citizenry. Many of these entities were joined once again by the Early Childhood Work Group (ECWG), which comprises many state agency representatives as well as local parents and providers. This workgroup will be a primary partner in the Smart Start Technical Assistance Grant, which is currently underway. //2009//

Numerous changes in the WDH organizational structure (see Attachment for Section C, Organizational Structure).

The WDH has extended the outcome based approach plan to all programs by having them submit strategic plans with data and goals. These are assessed each year for progress. WDH initiated and implemented the change to an outcome-based approach project plan, which is now being implemented in other departments within state government.

/2008/ Clarification: All Programs, Contracts, and Memorandum of Understandings (MOU) within WDH are requested to have strategic plans with goals and supporting data, and these are assessed each year for progress.//2008//

The MFH program has placed an increased emphasis on the public health functions of assessment, policy development, assurance of access to healthcare, and performance measurement. Toward this end, beginning in FY 2003-04 MFH committed additional Title V funds to assist local public health departments in delivering core MFH services.

The total annual commitment to local community capacity building is now over one million dollars -- nearly the full amount of Wyoming's Title V allotment of $1.3 million.

It is apparent that building capacity within communities is not an easy task as a result of nursing shortages, wage discrepancies, uneven distribution of providers and the overwhelming cost of providing the necessary needed services. //2008//

/2009/ As a result of the continued decrease in funding within the Title V Block Grant, MFH must set even more focused priorities regarding the efforts and initiatives undertaken by the state as well as local communities. All efforts continue to surround the state and national performance

measures as well as the results of the 5 year needs assessment. //2009//

C. Organizational Structure

WDH is the primary state agency providing health and human services for the State of Wyoming. Programs are administered to maintain the health and safety of all Wyoming citizens, including 129,044 children under the age of 18 years old. WDH employs approximately 1,520 individuals statewide. The WDH annual budget is over $592 million, although the MFH Title V federal allocation in FY04 was only $1.3 million.

/2008/In 2007, WDH employs approximately 1,543 individuals statewide, and this is the second year (2007) of the WDH biennium budget, consisting of $1.4 billion.//2008//

/2009/ On an average month, within the WDH, there are approximately 1,470 employees. The WDH biennium budget currently consists of $1.5 billion. //2009//

/2010/ WDH currently has 1,622 positions, of which 1,532 are filled. The Governor of Wyoming has asked each State agency to cut their budgets by 10%. State funds for MFH will be cut by 15%. The MFH Title V federal allocation in FY09 was $1.2 million. The Governor also issued Executive Order 2009-3 pertaining to hiring and spending restrictions. This Executive Order is effective until further notice. //2010//

Some key MFH collaborators* are listed below, to supplement the organizational charts:

Mental Health Division (MHD)* administers the mental health, and family violence/sexual assault authorities within the Department and the Wyoming State Hospital.

Substance Abuse Division (SAD)* provides a specific focus on substance abuse issues for all populations including pregnant women and families, maximizing resources to fight substance use and addiction (including tobacco).

/2008/ The Mental Health Division and Substance Abuse Division were combined, and Rodger McDaniel has been appointed as the Mental Health and Substance Abuse Services Division (MHSASD) Administrator in January 2007. //2008//

Developmental Disabilities Division (DDD)* provides services for children and adults with developmental disabilities, beginning with early intervention and preschool programs, including responsibilities associated with the intermediate education unit, the adult developmental disabilities programs, and the Wyoming State Training School.

/2008/ DDD has drafted an application in 2006 for two new waivers for individuals with developmental disabilities and acquired brain injuries. The new waivers, "Real Choice Waivers," are different from existing waivers. Two principle differences are:

Services will be self directed by the self advocate or family, meaning the individual receiving services or family has the choice of what services they want and they hire the people who will provide these services

A funding cap of approximately $20,000 per year is allocated. A Plan of Care will be required and an individual budget will be provided based on the needs identified in the plan of care. //2008//

/2010/ DDD has worked closely with stakeholders, including participants, guardians, advocacy groups, providers, the State Medicaid Agent, and Centers for Medicaid and Medicare Services (CMS), in making major waiver changes to address gaps in the current service delivery system. The proposed changes will result in a restructuring of the current

waiver programs to a comprehensive service waiver and a self-directed waiver program. //2010//

Community and Public Health Division (CPHD) provides MFH services (including Genetic Counseling Services and Newborn Metabolic Screening) as well as a number of direct service programs including Public Health Nursing, Immunizations, Oral Health, Office of Rural Health, Epidemiology, WIC, and End Stage Renal Disease (ESRD).

/2008/ The Public Health Nursing Section was renamed to Nursing Services Section in June 2006. //2008//

Preventive Health and Safety Division includes Epidemiology, Cancer surveillance, Diabetes, STD, Vital Records, Cardiovascular Disease, Environmental health (lead and radon), Tuberculosis, Homeland Security, and other programs focusing on prevention and safety.

/2008/ Office of Healthcare Financing includes EqualityCare and SCHIP. //2008//

/2009/ Community and Rural Health Division has recently undergone a name change; it is now the Community and Public Health Division (CPHD).

The Office of Rural Health is no longer housed within CPHD, rather it has joined the Office of Telemedicine and Telehealth, the Office of Multicultural Health, and Vital Records to create the Rural and Frontier Health Division (RFHD). //2009//

The State Health Officer (SHO), Brent Sherard, M.D.,M.P.H.,F.A.C.P., the State Physician/EqualityCare Physician, James Bush, M.D., and the State Dentist/EqualityCare Dentist, Grant Christensen DDS, serve the entire WDH. Dr. Sherard provides medical consultation to agency staff regarding best practices, promotes and assists, in establishing and maintaining standards of medical care, and provides consultation on medical needs, and services to assist agency planning efforts. He also has legal responsibility to assure Public Health statutes are properly implemented throughout the state.

The State Physician/EqualityCare Physician, Dr. James Bush, provides medical oversight for MFH programs, and ensures appropriate policy development and service delivery for this population. Additionally, the position provides consultation to EqualityCare and Kid Care regarding early childhood issues and provides guidance for the CFI, the Governor's Council on Developmental Disabilities, and the Early Intervention Council (EIC). The position also collaborates with the Department of Education (DOE) regarding school-based clinics.

/2008/ Dr. James Bush was hired in March 2007 to fill the position vacated in 2006 by Dr. Melinkovich. The position is no longer filled by a Pediatrician, as Dr. Bush is licensed as an Internist. //2008//

/2009/ Dr Bush has been instrumental in solving complex issues with Newborn Intensive Care program (NBIC) and Children's Special Health (CSH) clients by consulting with MFH. //2009//

Dr. Grant Christensen provides dental oversight and consultation for the Dental Sealant, Marginal Dental, Fluoride Mouth Rinse and Severe Crippling Malocclusion programs. He also consults on other dental issues for programs within the WDH. Although Dr. Christensen provides leadership to the Cleft Palate Clinics, management of the Oral Health Services Unit remains within the CRHD. The expanded duties of Dr. Christensen as the State Dentist include: recruitment of dentists to the state through Legislative committee work on Department reimbursement issues; committee work toward dental school loan repayment; and coordination with community coalitions, Dental Board and Dental Association to address access issues.

/2008/ Dr. Christensen also provides consultation to EqualityCare. //2008//

An attachment is included in this section.

D. Other MCH Capacity

Since its inception, the MFH Section of the Wyoming Department of Health has consisted of a network of state and local health and social service agencies. This network has identified the health needs, service gaps, and barriers to care for families and children, and has planned community health and clinical services to meet those needs. As a community-based program, MFH has used a combination of federal and state funding to offer public health and safety-net direct services for the MFH population.

The following staff changes occurred during the annual report/application period:

Community and Family Health Division was renamed the Community and Rural Health Division, and MCH became the Maternal and Family Health Section in mid-2006. Reorganization provided for Betty Sones, Office of Minority Health Coordinator (OMH), to become a separate section to serve the CRHD.

/2008/ The title of CRHD Section Managers changed to Section Chiefs June 2006. The Public Health Nursing Section was renamed Nursing Services Section June 2006. //2008//

/2009/ The Community and Rural Health Division is now the Community and Public Health Division. //2009//

/2010/ The Office of Multicultural Health now resides in the Rural and Frontier Health Division. //2010//

Dr. Brent Sherard was appointed and confirmed as the permanent Director of WDH in 2005.

/2008/ Dr. Gary Melinkovich, Staff Physician, resigned in April 2006, and Dr. James Bush was hired into that position in March 2007. //2008//

Ross Doman resigned his position in 2005 and Kim Deti was hired as the Public Health Information Officer (PIO) in February of 2006.

Crystal Swires replaced Peggy Lundy as the Children's Special Healthcare Needs (CSHCN) Administrative Specialist in 2006.

/2009 /Michele Haagenson resigned her Administrative Assistant position in December 2007. Crystal Swires is now filling that position. The CSH Administrative Specialist position is currently vacant. //2009//

/2010/ Crystal Swires resigned her Administrative Assistant position in 2008. The position was filled by Lynne Moore. The CSH Administrative Specialist position is currently vacant. //2010//

Cathy Ernste resigned in 2005 and Sheli Gonzales was hired into the Records Analyst position.

/2008/ Ramona Nelson transferred to the Nursing Services Section in November 2006, that position is currently being revised to meet the needs of the unit. //2008//

/2009/ The Records Analyst position is currently advertised. //2009//

/2010/ Carleigh Soule was hired as a Records Analyst in June 2008. //2010//

Jimm Murray retired in September 2005, and Molly Bruner was hired in January 2006 as the CRHD Administrator.

Erin Croughwell-Luben resigned as the CRHD EPI manager and Angi Crotsenberg was hired into that position.

Mary Olson retired from the Executive Assistant position in January of 2006 and was replaced by Mirandie Peterson.

Jennifer Chase, who was previously an EPI intern, was hired in December 2005 as the MFH Epidemiologist.

/2009/ Jennifer Chase resigned in February 2008. That position remains vacant. //2009//

/2010/ Christopher Hill was hired as an epidemiologist in August 2008. //2010//

Margie Walling was hired in 2005 as an EPI Intern.

/2009/ Margie Walling left state employment in February 2008. //2009//

/2008/ Molly Diekmann and Ashley Busacker were hired as epidemiology interns in 2006. //2008//

/2009/ Molly Diekmann left state employment in August 2007. Rebecca Snider joined the CRHD EPI team in August 2007. //2009//

/2010/ Marilyn Hammond was hired as an intern for the CPHD Epidemiology Section in 2008. Ashley Busacker completed her Ph.D. in August 2008 and rejoined the section as an Epidemiology Fellow from the Council of State and Territorial Epidemiologists (CSTE), and the CDC. She spends half of her time with CPHD Epidemiology and the other half with the Chronic Disease Section. //2010//

John Harper retired in September 2005 and his position was reclassified to CRHD Chief Financial Officer (CFO), and interviews are currently being conducted for that position.

/2008/ Martin Daniel was hired as CRHD CFO in November 2006.

JoAnne Blevens retired as the PHN Program Manager in June 2006. Donna Griffin was promoted to the PHN Nursing Executive in 2006. //2008//

Sherrill Bates resigned as the CSHCN Nurse Consultant in May 2006, and that position is currently vacant.

/2008/ Shari Long began the CSHCN Nurse Consultant position in June 2006. The position was vacated again in April 2007; revisions for this position are currently being completed. //2008//

/2009/ Charla Ricciardi was hired into the reclassified position of Records Analyst Supervisor in January 2008. //2009//

Data entry positions are now Amy Byers and Anya Wilcox.

/2008/ Amy Byers was replaced by Carleigh Soule in August 2006. Upon implementation of the new Best Beginnings data system, in which the PHNs enter their own home visiting data, Ms. Soule's duties have changed. She is now the data manager for Wyoming PRAMS. //2008//

/2010/ Linda Catlin was hired into a temporary position and is now the data manager for

the Wyoming PRAMS project. //2010//

/2009/ Anya Wilcox left her position and Mason Hearn was hired for that position in April. Mason Hearn left the position in June, this position is currently vacant. //2009//

/2010/ Breanne Devilbiss was hired as the CPHD Epidemiology Administrative Assistant, a temporary position, in July 2008. //2010//

Dorothy Ailes retired as of June 2006, and that position is currently vacant.

/2008/ Paul Ramirez was hired as the CSHCN Program Manager in January 2007. //2008//

/2010/ Paul Ramirez resigned as CSHCN Program Manager in January 2009. Charla Ricciardi was appointed Interim CSHCN Program Manager. In addition, Beth Shober resigned her position as MFH Section Chief in 2008. Charla Ricciardi served as Interim MFH Section Chief for eight months in 2008, and Angela Crotsenberg is currently serving as Interim MFH Section Chief as well as the Epidemiology Section Chief. //2010//

Christy Lujan resigned as the Perinatal Consultant in January 2007.

/2008/ The Perinatal Consultant position was reclassified to the Child and Adolescent Health Program Specialist in January 2008. //2008//

Jessica Allen was hired as the Child and Adolescent Intern in January 2007, and left in August 2007 to pursue a Masters degree at the University of Michigan. Recruitment for this position is currently underway. This position will shift from an intern to full-time status.

/2009/ Liz Mikesell was hired as the permanent Child and Adolescent Health Program Specialist in January 2008, which was reclassified from the Perinatal Consultant position. //2009//

Mona Coler and the Home Visiting Nurse Consultant position transferred to the Nursing Services Section in March 2007. Mona resigned her position in May 2007. That position was reclassified to the PHN Program Specialist.

/2009/ Linette Johnson was hired into the PHN Program Specialist position in August 2007. /2009//

/2010/ PHN added two additional MFH nurse consultants, Karen Meyer and Sue Smith, to assist county PHNS with MCH issues. Both nurses are experienced MCH PHNs. //2010//

/2008/ Mary Lou Williams became the CRHD Receptionist in July 2006. //2008//

MFH has experienced a net loss of three positions in the past two years that were reassigned to other WDH divisions - Family Consultant, Children and Adolescent Program Manager, and Administrative Assistant. The Children and Adolescent programs have been most impacted, and various MFH staff has taken on additional responsibilities related to that population. Additionally, the Genetics and Metabolic screenings programs, mandated by law, have been absorbed into MFH.

/***//2010// Due to recent budget cuts and a hiring freeze imposed by Wyoming's Governor, the following three currently vacant positions will not be filled in the immediate future: the MFH Section Chief, the CSH Administrative Assistant, and the CSHCN Program manager. //2010//***

MFH's strategic plan includes system development in support of MFH Populations:

Office of Women's Health:
Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944. Central point of contact for medical and statistical information, expertise, and assistance in improving the health status of Wyoming's women. Plans and implements learning opportunities to provide updated education on women's health issues.

CRHD Epidemiology:
Angela Crotsenberg, M.S., (307) 777-8787, coordinates MFH comprehensive needs assessment every five years, to monitor health of all mothers, children and youth in the state; collects and analyzes data responds to inquiries from the media, community health planners, legislators and advocacy groups; designs studies for MFH issues; monitors progress toward national and state performance objectives; provides data to support policy changes; and assists in the evaluation of all CRHD initiatives; and Pregnancy Risk Assessment Monitoring System (PRAMS) Project Coordinator.

/2008/ CRHD Epidemiology provides epidemiology support for the Community & Rural Health Division including WIC, Immunization, the Office of Rural Health and the Office of Multicultural Health. This section also manages the State Systems Development Initiative (SSDI) Grant. Current activities include building a predictive model of preterm birth and a women's health needs assessment. //2008//

Women and Infants Services:
Perinatal Systems Manager: Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944. Responsible for development of comprehensive, coordinated, community-based systems of perinatal services to assure access for prenatal care (including financial assistance for mothers and newborns receiving care at tertiary care centers), and coordinated services appropriate for the pregnant woman and her family during the critical perinatal period. Manages the Perinatal Services Unit including Best Beginnings (BB), Maternal High Risk, Newborn Intensive Care (NBIC), and Family Planning Programs. Perinatal contact and support are provided in every county in the state, with the entry into the MFH continuum of care being the Best Beginnings program (see MFH continuum of care chart). Project Manager for the PRAMS grant.

/2009/ Medical chart review for MHR, NBIC and CSH clients. Point of contact for SIDS, SBS, HBWW, providing guidance for families who have experienced the loss of a child. //2009//

Family Planning:
Debra Hamilton, MSN, RN, CCM, CRRN, CNLCP, CLC (307) 777-7944, contracts with public and private partners, through Wyoming Health Council (Title X agency), to ensure access to community-based family planning services, to augment the state's Title X family planning grant. Preconception Health Project also implemented through family planning clinics and Migrant Health Program.

Perinatal Consultant:
Christina Lujan, MSW, (307)777-3733, provides consultation and support for the Perinatal Services Unit including BB, Nurse Family Partnership (NFP), Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) programs with emphasis on social issues with an application to complex, multi-system service needs pertaining to the perinatal population, particularly in rural human and health service organizations. This is especially appropriate for a frontier area such as Wyoming, in which social service needs often require innovative prevention and treatment programs, as well as provide increased ability to integrate support to prevent, or help solve difficulties in a wide range of diverse client systems within the rural communities, the broader environment and to address social and economic issues especially with populations-at-risk. Point of contact for Sudden Infant Death Syndrome (SIDS), Fetal Alcohol Syndrome (FAS), and providing guidance and support for families who have experienced the death of a child, and other issues that require family support.

Metabolic Screening:
Vacant, (307) 777-7941, coordinates the provision of metabolic screening materials to screening facilities; a data system to track testing, diagnosis and interventions; and program quality assurance.

/2010/ Carleigh Soule was hired to this position in June 2008. /2010//

/2008/ Wyoming Newborn Metabolic Screening:
Paul Ramirez, BSW, (307) 777-7941,Wyoming statute, W.S. 35-4-801 and 35-4-802, mandates that all Wyoming families are offered screening of their newborn for inborn errors of metabolism, which includes hearing screening.

Wyoming Genetic Counseling Services:
Paul Ramirez, BSW, (307) 777-7941, this MFH program contracts for genetic counseling services, which allows clients/families to gain a clearer understanding of inherited/genetic conditions and other birth defects, as well as the risk of occurrence and recurrence. //2008//

/2010/ The statute governing newborn metabolic screening, W.S. 35-4-801 and 35-4-802, was updated to include screening for genetic diseases and to mandate that educational materials addressing newborn screening be provided to parents of newborn. The rules for NBMS will be updated in 2009 to reflect these changes. In addition, a Newborn Metabolic Screening Advisory Committee will be established in 2009. //2010//

Children and Youth (Birth to 24 months) Health Systems:
Wyoming Children and Families Initiative (CFI): Beth Shober, MA (307) 777-6326. Initiative implemented as a result of the comprehensive needs assessment conducted in FY05. This multi-disciplinary, Governor appointed work group took the results of the needs assessment and created the "Wyoming Family Photo" document, which highlights 5 results that the State of Wyoming will be focused on addressing over the coming year(s). This process has been a vehicle to educate and raise awareness of the need for a comprehensive state youth development plan, with systems development being conducted through building and strengthening public and private partnerships to support families, children and youth in Wyoming. /2009/ CFI is no longer meeting.//2009//

Wyoming Early Childhood Comprehensive Systems (ECCS) Planning Grant:
Susie Scott Mullen, M.S., L.P.C. (307)259-0182 ECCS grant funding was awarded to the MFH of the WDH in 2003 to develop a comprehensive statewide early childhood strategic plan for supporting young children, their families and their communities. The ECCS process also coordinates with the above referenced CFI, and is serving as the early childhood portion of that comprehensive effort. Cross-systems workgroups have been utilized to address the following ECCS grant focus areas: (a) access to healthcare and medical homes, (b) mental health and social/emotional development, (c) early care and education, (d) parent education and (e) family support. The ECCS strategic plan will address ways to leverage funding to develop infrastructure that supports strategies under development. This process includes specific roles for parents, advocates, policy makers and legislators as Wyoming moves towards a comprehensive system of services for young children, their families and their communities.

/2008/ Susie Scott Mullen resigned as the ECCS Coordinator in 2006. Jessica Allen assumed this responsibility in January 2007. //2008//

/2009/ Jessica Allen left her position in 2007 and Liz Mikesell was hired as the Adolescent Health Programs Specialist in January 2008. Wyoming was awarded a Smart Start Technical Assistance grant in early 2008 and future ECCS grant funding and activities will support the statewide Smart Start Initiative. //2009//

Children and Youth with Special Healthcare Needs System:
Children's Special Healthcare Needs (CSHCN) Services: Vacant (307) 777-7941, supports and provides technical support to public and private sector efforts enhancing early screening and treatment for children with special healthcare needs. Promotes infrastructure for the transition of the adolescents with special healthcare needs, into adult services and workforce.

CSHCN Nurse Consultant:
Vacant (307) 777-7941, promotes care coordination for clients and families of children with special healthcare needs through the local PHN offices.

/2008/ Children's Special Healthcare Needs (CSHCN) Services:
Paul Ramirez, BSW (307) 777-7941, supports and provides efforts to enhance early screening and treatment for CSHCN. Promotes infrastructure for the transitioning of adolescents with special healthcare needs, into adult and workforce services. Promotes care coordination for clients and families of CSHCN. Limited financial assistance via fee-for-service reimbursement for selected diagnoses is also provided. //2008//

/2009/In 2008, the CSHCN Nurse Consultant position was reclassified and Charla Ricciardi filled the position as Records Analyst Supervisor.//2009//

Other MFH Block Grant Programs:

Immunization: Funding to assist with registry development, vaccine purchase, and outreach is provided by MFH.

Oral Health Services: MFH funds dental sealants, orthodontic and other services to under-served children.

An attachment is included in this section.

E. State Agency Coordination

The MFH Section coordinates with many state, county, and local agencies and organizations to improve the health outcomes of the MFH populations. The Community and Family Health Division has been re-designed (please see new organizational chart) and has been renamed the Community and Rural Health Division. A few highlights of coordination results include:

/2009/ The Community and Rural Health Division has recently undergone a name change; it is now the Community and Public Health Division. //2009//

• Women, Infants and Children (WIC): WIC collaboration has been essential in the development and revision of standards and policies for the perinatal, early childhood and home visiting initiatives. Research results within Wyoming have been shared between the two sections. WIC staff used a computer program purchased by MFH to analyze the nutritional intake of children with special health concerns in specialty clinics. WIC was a key consultant to the training provided to PHN staff regarding care of families with a premature infant. Future collaborative efforts with WIC include the strengthening of existing referrals to all MFH programs. Research demonstrates early contact and referral through WIC offices can be one of the most successful entry points for clients eligible for the Nurse HV Program offered in Wyoming.

• Oral Health Section: Collaboration with Oral Health was essential in the development of the Maternal Dental Care Services Pilot Project which established the tremendous need for dental care within Wyoming, for all ages of citizens. The pilot project was discontinued 6 months sooner than anticipated due to the depletion of the funds set aside for the project. Collaboration

continues to strengthen EPSDT screenings, including dental exams and fluoride varnish applications. Wyoming's MFH and Oral Health Section wrote a collaborative application in 2006 intended to allow Wyoming to receive specialized training on EPSDT screening. Wyoming was not funded, however Colorado was, and has invited Wyoming to participate in all events they host related to that funding source.

/2008/ A Community Oral Health project was implemented in 2007. Four dental hygienists were hired to cover eight counties within Wyoming, the purpose of which is to provide screening services to children within those counties. Counties included in this project are Albany, Carbon, Fremont, Hot Springs, Johnson, Sheridan, Sublette and Sweetwater. //2008//

/2008/ Children with Special Healthcare Needs (CSHCN) provides support staff at the cleft palate team clinics to conduct quality assurance interviews with families regarding their needs and adequacy of resources.//2008//

/2009/ In late 2007, MFH had the opportunity to help a child on the CSHCN caseload who suffered from a large cleft palate which could not be repaired through traditional efforts. MFH collaborated with the Cleft Palate Team to successfully treat this child with cutting-edge methods, resulting in an optimal outcome that will be published in medical journals. Creating this opportunity in Wyoming will expand treatments for high need cleft palate clients who face this same challenge nationwide. //2009//

/2010/ CSHCN continues to provide support staff at the cleft palate team clinics to interview families about their needs and adequacy of resources. MFH collaborated with other CPHD sections in providing funding and other resources for the informational bags handed out to children participating in the Oral Health Study around the state. //2010//

• EqualityCare: MFH and the Oral Health Services staff have collaborated with EqualityCare to address the low reimbursement rate for preoperative planning time required for orthognathic surgery. This issue has a potential for limiting access to necessary orthognathic surgery. Other discussions have ensued regarding the lack of dentists in WY, especially dentists who will take EqualityCare and special needs clients.

/2008/ MFH and the State Pediatrician collaborated with EqualityCare to address reimbursement for genetic testing, efforts are underway to implement this reimbursement as staff has changed and policies will need to be re-evaluated. //2008//

/2009/ Reimbursement for genetic testing has been implemented. //2009//

Beginning in July 2004, PHN and MFH collaborated with EqualityCare and their case management contractor, APS to develop a system of effective referral sharing to increase the number of pregnant women who access MFH services. This collaborative effort serves to enhance the established referral system for all eligible pregnant women to apply for EqualityCare services if eligible for services. Staff turn-over within the EqualityCare system have added to the need for stronger communication and follow-up regarding reports/contact with local offices.

/2008/ Clarification: MFH strives to improve communication and collaboration with EqualityCare to enhance the system of effective referral sharing. //2008//

/2009/ As of July 1, 2008, non-citizens are not eligible for PWP. Discussions are ongoing to address the health needs of that population. One such project is being piloted in Teton County, where there is a large percentage of non-citizens who work in the service industry. A Centering Pregnancy model is being proposed through the PHN office there, with support from the County Commissioners and the local providers. The model uses a group prenatal visit curriculum in which the pregnant women not only have individual time with the provider, but also develop a support group between themselves. A topic that is relevant to the gestational age of the women

in the group is presented and discussed at every group meeting. This model is especially significant in this county, as the providers are requiring over one thousand dollars as a deposit in order to see the pregnant women. //2009//

/2010/ The Centering Pregnancy model was not approved for implementation after the preliminary planning and training was completed. Discussions continue to address the health needs of the population ineligible for Pregnant Women Program (PWP) services, and only qualify for Emergency Delivery Services. //2010//

• Office of Rural Health: Collaboration with the Office of Rural Health and Rural Health Loan Repayment Service, which offers ways to entice new providers into the state, continues to be explored.

• Office of Multicultural Health: Collaborate with the Office of Multicultural Health in the development of a multi-disciplinary team of State and Community partnerships, working collaboratively to improve health care services for Wyoming's underserved and minority populations.

/2009/ The Office of Rural Health, the Office of Multicultural Health, Telemedicine, Telehealth, and Vital Records have merged into the newly created Rural and Frontier Health Division. //2009//

• Public Health Nursing: Audits at regional meetings were conducted throughout the state, evaluating the standard of care, documentation and training needs of staff. The results were analyzed by MFH and PHN, and interested parties created working groups to strengthen program implementation.

/2008/ Nursing Services Section implements quality assurance measures throughout the state in all programs, evaluating the standards of care, documentation, and training needs of staff. Results are analyzed by PHN, and a work group examines results to strengthen program implementation.//2008//

/2009/ The PHN section is developing evidence-based standards of practice for MCH services at the individual, community, and system levels of care. Standards will be developed across MCH services and will directly link to quality/outcome indicators. The standards will also be linked to state and national performance standards.//2009//

/2010/ The first of the standards completed was the Premature Infant Standards. They were presented at a Premature Infant Training in Lander on April 21 to April 23, 2009. The preconception and prenatal standards are now being developed. //2010//

Kid Care CHIP (State Children's Health Insurance Program): The SCHIP staff is now determining eligibility for the program, and the FPL was increased to 200% in July 2005.

/2008/ In FY 2006, 86.1% of EqualityCare enrollees less than one year of age received at least one initial periodic screen. This is a small decrease from the FY 2005 percentage of 87.0%, although the difference is not statistically significant. There has been no significant change in this indicator since 2001.

Because pediatricians are unevenly distributed, family practice physicians being overloaded and inherent geographical challenges, the medical home concept is being viewed differently in WY. It is stressed to families to have one Primary Care Provider (PCP) with PHNs, and other community resources, acting as a true medical home. //2008//

/2009/ Specialty outreach clinics will continue to be supported. MFH will strengthen marketing of specialty outreach clinics to provide awareness to families and PCPs needing these services. Bringing specialists to Wyoming will provide much needed specialty care closer to home, saving

time and travel.//2009//

MFH emphasizes the importance of well-child checks in addition to specialty care visits, recognizing that providing these services to children with special healthcare needs requires more effort. MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. Efforts are directed towards coordinating care between pediatric specialists and sub-specialists, and the Primary Care Provider by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff. MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

MFH, EqualityCare, and SCHIP-eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. Implementing this will allow families to have a payment source for well-child checks. All MFH families are encouraged to obtain well-child checks through letters and efforts of the PHN staff.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP and MFH.

A plan of treatment was agreed upon between MFH, PHN, and APS for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C of DDD staff continues to coordinate and educate tertiary care facility staff to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff will follow-up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing for WY citizens to be informed about MFH and EqualityCare programs that are available.

ECCS emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some children with special healthcare needs do not receive regular well-child checks due to the number of specialty visits that are required.

/2009/ Wyoming wrote for and was successfully chosen to become a demonstration site for Johnson Group Consulting in the fall of 2007. A team of national experts traveled to Wyoming to conduct the leadership workshop entitled Title V and Medicaid Collaboration to Improve EPSDT Program and Child Health. Ongoing discussions promise to expand and strengthen these efforts within the state. //2009//

/2008/ Childhood Immunization Act was passed by legislation in 2007 providing for essential vaccines to non-EqualityCare providers at a lower cost. //2008//

/2009/ The Immunization Section will also strengthen collaborative efforts with MFH to improve immunization rates among Wyoming adolescents. The Section will be establishing an adolescent immunization coalition to identify effective strategies for improving immunization rates for this hard to reach population. MFH will be an important partner in this coalition.//2009//

- The Children and Family Initiative: CFI is a multi-disciplinary effort headed by state agency

directors as well as many non-profit and public businesses. All members of this initiative have committed time and resources to the project. MFH was actively involved in the planning implementation phase of the Comprehensive Study of Children and the results have been the catalyst for subsequent efforts. The study identified issues and barriers facing many Wyoming children and families, including economic hardships, lack of transportation and access to healthcare. The results of this effort have been recently published, entitled "Wyoming Family Photo". Result 4 of this document relates to all of our National Performance Measures (NPM) and State Performance Measures (SPM), "Children [will be] born healthy and achieving their highest potential in early developmental years." The executive report was published in early 2006, and meetings have been scheduled to discuss the next steps of this project within Wyoming. MFH, as well as the Wyoming Department of Health, as a whole, will participate in all relevant activities.

/2008/ Funding to continue the Children and Families Initiative (CFI) was discontinued. Collaborations between agencies continue, which promotes certain aspects of this initiative.//2008//

/2010/ In January of 2008, Wyoming received a technical assistance grant from the Smart Start Technical National Assistance Center. As a result of this grant, the Wyoming Early Childhood Partnership (WECP) was established as the state's public-private partnership for early childhood system development. The WECP assumesd the role of the previously established Wyoming Early Childhood Comprehensive Systems (WECCS) Early Childhood Work Group to implement the recommendations of the Smart Start technical assistance plan. The newly-developed WECP is the mechanism and develop more effective and comprehensive strategies for enhancing the state's existing early childhood systems will occur. //2010//

Coordination with other WDH Divisions: MFH coordinates and collaborates with other Divisions outside the Community and Rural Health Division, such as Preventive Health and Safety (Cardiovascular Disease, Diabetes, Cancer Surveillance, STDs, Genetics, Infectious Diseases, and Health Data Analysis), Developmental Disabilities (Part B & C, and Early Intervention Council), and Mental Health and the Substance Abuse Divisions. MFH staff planned and facilitated monthly WDH Program Managers meetings for several years to promote communication and collaboration between entities, with program meetings addressing a number of interests common to legislative issues; services offered by University of Wyoming regarding brochure design; workshop development and management; and presentations by the WDH fiscal office on changes in budget reports.

/2008/ Genetics is no longer a part of Preventive Health and Safety Division; rather, in 2005 the program was transferred to MFH.

Starting July 2006, the newborn metabolic screening fees increased to match current expenses and expansion, which increased from 19 to 21 screens.

During the 2007 legislative session, Wyoming Legislature reviewed and approved the assessment of fees, mandated by W.S. 35-4-801 and W.S. 35-4-802, to WY hospitals for newborn screening and hearing. Starting July 2007, Early Hearing Detection and Intervention will implement the assessment of these fees to WY hospitals.//2008//

/2009/ Legislative statute provides for a $50.00 fee to be assessed by the Early Hearing, Detection, and Intervention Program. //2009//

/2010/ In 2009, the Wyoming Legislature approved a change to the newborn screening statute requiring that parents receive educational materials on newborn screening. //2010//

/2008/ MFH no longer facilitates monthly WDH Program Manager Meetings. //2008//

/2009/ A monthly WDH Program Managers meetings are now facilitated on a quarterly rotating basis by Division Administrators.//2009//

MFH has active Memoranda of Understandings (MOU), and is in the process of updating MOUs, stipulating the joint resolution of issues with several organizations within WDH including: EqualityCare, Developmental Disabilities, Emergency Medical Services for Children Program, Nursing Services, DFS, and the Immunization Program.

/2008/ Medicaid's name changed to EqualityCare in 1999, which is part of WDH Office of Healthcare Financing Division.//2008//

Coordination with Agencies external to the WDH: Participation on interagency councils, task forces and committees provide opportunities to coordinate MFH programs and strategies with agencies outside the Community and Rural Health Division. The Title V Director and the MFH staff participate actively on the following

- Association of Women's Health and Obstetrical and Neonatal Nurses (AWHONN) [NPM 8, 11, 15, 17, 18, & SPM 4, 7]
- Breastfeeding Task Force [NPM 11]
- Early Intervention Council (DDD) [NPM 3 & 5]
- Early Childhood Comprehensive Systems Planning Initiative [NPM 10, 14]
- Governor's Early Childhood Development Council (pre-birth to age 8) [NPM 5, 15 & SPM 7]
- Governor's Impaired Driving Task Force [NPM 10, SPM 12]
- Governor's Planning Council on Developmental Disabilities [NPM 6]
- Head Start State Collaboration Project [NPM 1, 3]
- Healthy Mothers/Healthy Babies Coalition [NPM 11, 15, 18 & SPM 4, 7, 9]
- March of Dimes (MOD) [NPM 1, 15, 17, 18 & SPM 4, 7, 8, 9]
- Mountain States Regional Genetics Network [NPM 1]
- Wyoming Information Network (WIN)
- Wyoming Health Council (Title X, reproductive health) [NPM 8, 15, 17, 18 & SPM 7]
- Wyoming Health Resources Network (provider recruitment & retention) [NPM 3]
- Wyoming Primary Care Association (WPCA) [NPM 3]

/2008/ The following collaborations are no longer active:

- Behavioral Health Task Force [NPM 2, 3, & 6]
- Child and Family Initiative [Most NPM, SPM]
- Children's Trust Fund Board of Directors (State Agency Coordination)
- Healthy Child Care Wyoming (CISS Grant) Management Team [NPM 3]
- Sexual Risk Reduction Coalition [NPM 10, 15, 18, SPM 4, 7, 9]
- Wyoming Suicide Prevention Task Force [NPM 16]
- Women's Treatment Advisory Council [NPM 15 & 17, SPM 4 &7]//2008//

/2008/ The following collaborations are new:

- Support Access Growth and Empowerment (SAGE) Initiative [NPM 2, 3, 5]
- Seatbelt Coalition [SPM 1, NPM 10]
- Department of Education and Wyoming's Health Council's Workgroup to Address Comprehensive Sexual Education (Replaces Sexual Risk Reduction Coalition) [NPM 10, 15, 18, SPM 4, 7, 9]//2008//

/2009/ The following collaborations are no longer active:

- Child Care Certification Board
- Deaf Services Planning Committee
- Newborn Hearing/Vision Screening and Intervention Board

The following collaborations are new: (also see Appendix D for a full list)
- Early Childhood Workgroup/Smart Start
- Head Start Advisory Council
- Special Quest
- Autism Task Force
- Youth Suicide Prevention Council

//2009//

/2010/ The following collaborations are no longer active:
- ***Early Childhood Work Group/Smart Start***
- ***SAGE Initiative***

The following collaborations are new:
- ***Breastfeeding Task Force [NPM 11]***
- ***Physical Activity and Nutrition Steering Committee***
- ***Wyoming Early Childhood Partnership and WY Kids First Initiative***
- ***Wyoming Department of Education At Risk Task Force //2010//***

State/Local Coordination: MFH has a long-standing commitment to community-based systems development. Significant achievements include the adoption of goals and objectives that "institutionalize" systems development theory into the MFH spectrum of services, thus establishing measurable outcomes as evidenced with the county capacity grants. County capacity grants are based on measurable outcomes and the degree to which both inter- and intra-agency collaboration has been improved at the state level. Additionally, MFH staff has been working toward a funding formula which will allow more equitable distribution of Title V funds to local communities. With input from both state as well as local providers, this funding formula is a great "first step" in distributing these funds in a reasonable and data driven way. It is the hope of the working team within MFH that this funding formula will assist Wyoming in the equitable distribution of these funds.

/2008/ The final funding formula was implemented for the FY 2008 Capacity Grants. Funding changes will be phased in over a five year period. New performance measures were included with the grant guidance, and counties were offered the opportunity to choose county specific performance measures.//2008//

Community Integrated Service Systems (CISS): The project title of Wyoming's CISS grant is Healthy Child Care Wyoming. This project was administered by the University of Wyoming and is a collaborative effort between MFH, DFS, Wyoming Department of Education (WDE), Head Start Collaboration State Team, Developmental Learning Centers, Children's Nutrition Services/Child Care Finder and Wyoming Children's Action Alliance. Healthy Child Care Wyoming has trained 35 Certified Child Health Consultants (CHCC), to assist with Child Care Programs in a pilot online course developed by the University of Wyoming (this course is now offered by the University for graduate credit as a means to sustain the training effort.) Additionally, a system to obtain data on accidents and injuries in childcare has been developed. The University of Wyoming provides the curriculum for an Early Childhood Program Director's Certificate, including monitored video analysis of competencies for the infant/toddler credential. During the past year, this group has moved forward in the state by assisting with the creation and introduction of proposed state law. This proposed legislation is intended to educate parents in Wyoming about Early Childhood Care issues, assist parents and families in the selection of child care providers, and will work toward the implementation of standards and criteria for childcare providers in the state. The Governor has created an Early Childhood Education Council and the MFH program director is a member of that council. Ongoing project goals for this council are as follows: (a) Caring for Our Children (CFOC) Health and Safety Performance Standards will be utilized by all providers in Wyoming; (b) out-of-home care providers will provide healthy and safe environments for infants and toddlers; (c) accidents and injuries in child care will decrease, (d) the team of Certified Child Health Consultants (CCHC) trainers in Wyoming will increase; and (e) development of training

regarding social-emotional development and screening. This task force has developed needed infrastructure for an integrated service system of health consultants for childcare providers, and is now strengthening the "foundation" of early childhood programs through policy creation.

/2008/ Funding the University of Wyoming received to do the pilot project has not continued, and as such training did not occur during this past grant year. MFH has been tasked with re-examining this program. Initial conversation with CRHD Nursing Services Section indicates the possible need to look outside of Public Health Nursing to identify healthcare providers qualified to deliver this program.//2008//

/2009/ A survey was conducted in the fall of 2007 to determine the interest in becoming a Certified Childcare Health Consultant (CCHC). All registered nurses within the state of Wyoming were surveyed. Although limited interest was expressed, those that did show interest requested consultation that was cost prohibitive to the state. As a result of this survey, all efforts to expand CCHC have ceased. //2009//

MFH was awarded the Early Childhood Comprehensive Systems ECCS Grant through HRSA, for the project period July 1, 2005 through June 30, 2008. During the planning stage of the grant, Wyoming crafted a comprehensive statewide early childhood development strategic plan, focused on the development of a comprehensive cross-systems effort to address: (a) access to health insurance and medical homes, (b) mental health and social-emotional development, (c) early care and education, including childcare, (d) parent education, and (e) family support. It has become the cornerstone for legislative action to study services available for Wyoming's children. Objectives focus on the continued content development of the strategic plan which includes: (a) identification of key traditional and nontraditional partners, including how alliances have been developed and what needs to be included for maintenance of them; (b) assessment of resources for strengths and gaps, capacity, and financing of early childhood activities; (c) development of a clear vision and mission statement; (d) prioritization of issues, including the five areas identified; (e) implementation; and (f) establishment of a set of indicators for tracking early childhood outcomes.

Additionally, objectives have been incorporated to identify strategies which: (a) improve data collection, (b) identify short and long-term sustainable funding for potential service expansion and service integration, (c) promote finance and resource leveraging, and (d) influence policy. These last four strategies have taken on the majority of the time/effort since the end of the past legislative session, and hold critical importance as we move forward in the support of early childhood systems and programs.

/2008/ Clarification: The ECCS grant is not operated by contract rather will be administered by the Child and Adolescent Health position held within MFH. //2008//

/2009/ Future efforts pertaining to the ECCS grants will be coordinated through partnerships developed with the Early Childhood Workgroup/Smart Start team. //2009//

/2010/ WECCS funds will flow through the WDH to the WECP. The WECP will then oversee and facilitate the statewide early childhood comprehensive systems development in Wyoming and ensure impartial and balanced collaborations. The WECCS Grant Coordinator will work closely with the WECP to facilitate the work on this early childhood system to develop a strong public/private partnership.//2010//

The Office of Minority Health (OMH) provided technical assistance to improve infrastructure development related to policies, programs and practices on health disparities. As a result, the Minority Health Needs Assessment was conducted and is available for review and use in policy and program development.

/2008/ The first Wyoming Minority Health Needs Assessment was conducted in 2000, and

published in 2001. This provided a unique view of health status in Wyoming's minority populations. Due to the small number of minorities in Wyoming, this assessment combined numerous sources of data, spanning several years. The assessment outlined the process to address healthcare disparities, including the development of specific objectives and strategies, allocation of resources, implementation of projects, and evaluation of the processes.

During the next decade, national statistics indicate a significant increase in minority populations. In 2006, The Wyoming Office of Multicultural Health (WOMH) was awarded an infrastructure building contract by the Federal Office of Multicultural Health. With this funding, the WOMH and the Multicultural Health Advisory Committee (MHAC) met to form a steering committee charged with examining the data. From this meeting, a Health Disparity Service Plan, supporting Healthy People 2010 initiatives, was formed. The plan focuses on eliminating health disparities, increasing quality and years of healthy life, and improving collaborations among state and private sectors. Three subcommittees were formed, to include a Data Committee, Outreach and Education Committee, and Resource Committee, each working toward the mission of minimizing health disparities among underserved populations in the state. All efforts will include the integration of evidence-based public health approaches to support and disseminate programmatic activities that are successful in the reduction of these disparities. //2008//

Wyoming has no tertiary care centers for pregnant women or infants and few obstetric or pediatric specialists within the State. Therefore, the following tertiary centers provide critical access to healthcare for our most at-risk families: The Children's Hospital, University of Colorado Health Sciences Center and Presbyterian-St. Luke's in Denver, Colorado; Primary Children's Medical Center, The University of Utah Hospital, McKay-Dee Hospital and Shriner's Hospital in Salt Lake City, Utah; St. Vincent's Hospital in Billings, Montana; and Regional Medical Center in Rapid City, South Dakota. Satellite clinics were also provided by Denver tertiary care providers to Wyoming residents. MFH has established and maintains strong relationships with these tertiary care centers and schedules periodic visits to promote the "Refer all Wyoming Families" message.

/2008/ Visits to tertiary care centers by MFH staff included Denver, CO area hospitals in April 2006; St. Vincent's in Billings, MT in July 2006; Rapid City Regional Hospital in August 2006; Salt Lake City, UT area hospitals in March 2007; and Regional West Medical Center, Scottsbluff, NE in April 2007. //2008//

Current efforts to update these tertiary care centers regarding Wyoming specific programs include updated materials and on-site presentations with referral staff at each location. Continual evaluations indicate these visits have been beneficial for staff at all locations. The attached table delineates some of the partnerships between state and private agencies and the MFH populations they serve.

/2009/ Tertiary care visits continue as planned on an annual basis. MFH-specific materials and on-site presentations are provided during each of these visits. //2009//

/2010/ Tertiary care visits are conducted on an annual basis to the cities where our citizens travel for specialty care, and hospitals are invited to attend the meeting to update staff on MFH programs and procedures for program eligibility. //2010//

An attachment is included in this section.

F. Health Systems Capacity Indicators

Introduction

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	36.0	30.6	30.6	30.6	74.0
Numerator	111	95		110	258
Denominator	30867	31065		35890	34876
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Numerator from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9. Denominator from 2008 Census estimates.

Notes - 2007
Numerator from the Hospital Discharge Database (now under a new contractor) using primary diagnosis codes 493.0 - 493.9. Denominator from 2007 Census estimates.

Notes - 2006
2006 Hospital Discharge Data not available. Only a partial year of data was collected. Therefore, the indicator is an estimate.

Narrative:
/2010/ In FY 2008, Wyoming's rate of children less than five years of age hospitalized for asthma was 74.0 per 10,000. This was a statistically significant increase from the FY2007 rate of 32.2 per 10,000. Reasons for this approximate doubling of the rate between FY 2007 and FY 2008 are unknown.

Wyoming currently does not have a program that addresses childhood asthma. Data collection for Wyoming's Hospital Discharge Database, the data source for this performance measure, was suspended in July 2006, but data collection began again in 2007.

In 2003-2004, the Epidemiology Section developed and conducted the Breathe Easy Study (BES). The overall objective of the Breathe Easy Study (BES) was to gain a better understanding of pediatric asthma in Wyoming and its association with outdoor air pollution.

There were three components of the BES:

1.) The School Nurse Survey of Asthma Prevalence in Wyoming Public School Children: This survey consisted of a one-page form sent to the school nurse at each Wyoming public school and asked for the total number of children in the school diagnosed with asthma or reactive airway disease, the number who use asthma medication at school, and the type of asthma medication used. The survey was completed in 2003 with a response rate of 76.5% and found overall asthma prevalence among school-aged children to be 6.92%.

2.) The Four-School Study: The BES incorporated collaboration with the Department of Environmental Quality to measure outdoor air quality at four Wyoming schools and establish associations with asthma exacerbations in the children at those schools. Data collection for the Four-School Study was completed in 2004. Each child enrolled in the study was given a peak flow meter and asthma tracker. They were asked to take a peak flow meter reading two times each day, before school and at lunchtime, for each of the 20 study days. Participants were also asked to complete an outdoor activity log for each day of the study. No association was found between outdoor air quality and asthma exacerbations in this study. A limitation to the study was a small sample size that resulted in limited ability for detection of associations between air pollution and asthma exacerbations.

3.) The Wyoming Asthma Website: The website provides information on asthma, asthma management, and air pollution. This website is currently active at Asthma Resources, and displays several links to resources and reports resulting from the BES.

In 2005, the School Nurse Survey was repeated with questions added regarding pediatric diabetes, schools' policies for handling asthma attacks and diabetic emergencies, and the accommodations made during athletics or physical education classes for students with asthma and diabetes. The survey was completed in 2006 with a response rate of 77.1%, and found overall asthma prevalence among school-aged children to be 7.2%, an increase from 2003. Prevalence from the School Nurse Survey has been consistent with prevalence found in the Behavioral Risk Factor Surveillance System Childhood Asthma Module.

The School Nurse Survey of Asthma and Diabetes in Wyoming public school children was repeated in the 2007/2008 school year with questions added regarding pediatric diabetes, emergency service response time, school nurse coverage, and schools' policies for training staff to handle asthma attacks and diabetic emergencies. The survey was completed with a response rate of 79%, and found overall asthma prevalence among school-aged children to be 7.4, a slight increase from 2005. Prevalence from the School Nurse Survey has been consistent with prevalence found in the Behavioral Risk Factor Surveillance System Childhood Asthma Module. //2010//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	87.9	87.0	86.1	86.4	87.7
Numerator	3391	3616	3610	3647	3558
Denominator	3859	4155	4195	4222	4056
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data from Medicaid for Federal FY08 (10/1/07 - 9/30/08).

Notes - 2007
Data from Medicaid for Federal FY07 (10/1/06 - 9/30/07).

Notes - 2006
Numerator and denominator from Annual Medicaid EPSDT HCFA-416 for Federal FY 2006=10/01/05-9/30/06.

Narrative:
//2010/ In FY 2008, 87.7% of EqualityCare enrollees less than one year of age received at least one initial periodic screen. This is not a significant change from the FY 2007 percentage of 86.4%.

As a result of pediatricians being unevenly distributed throughout Wyoming, family practice physicians being overloaded, and inherent geographical challenges, developing a true medical home model in Wyoming is extra challenging. Families are encouraged to have one Primary Care Provider (PCP), and PHNs and other community resources help to carry out some of the functions of a medical home. MFH emphasizes the importance of well-child checks in addition to specialty care visits.

MFH is currently working with EqualityCare to realign provider reimbursement rates. CSH staff efforts are directed towards coordinating care between pediatric specialists and sub-specialists. PCPs request copies of medical records, and CSH staff assures copies are available for the PCP and PHN staff. MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

MFH and EqualityCare clients who do not access services or follow through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This allows families to have a payment source for well-child checks. Using letters and intervention by PHN staff, MFH staff encourages families to obtain well-child checks. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP, DFS, and MFH.

A plan of treatment is agreed upon between MFH, PHN, and APS for complex cases. These may include children hospitalized out of state and needing care coordination to return to the local community. Treatment plans may include recommending clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C staff, continue to coordinate and educate tertiary care facility staff to ensure Wyoming families are referred to WDH programs. Annual tertiary care facility visits include meeting with hospital staff and reviewing Wyoming programs that support Wyoming families.

MFH and PHN staff will follow up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing for Wyoming citizens to be informed about MFH, EqualityCare, and SCHIP programs that are available.

MFH emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some CSHCN do not receive regular well-child checks due to the number of specialty visits that are

required.

MFH staff has participated on the Wyoming Total Health Record Advisory Board. Wyoming has completed a request for proposal process seeking a contractor to begin working on the Total Health Record. Once completed, the Total Health Record would support the Medical Home Model and provide tracking for EPSDT.

In the fall of 2007, the Johnson Group Consulting team traveled to Wyoming to conduct a leadership workshop entitled Title V and Medicaid Collaboration to Improve Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and Child Health. This provided opportunities for collaboration between MFH and EqualityCare.

The Childhood Immunization Act was passed providing essential vaccines to non-EqualityCare providers at a lower cost. Wyoming is now a Universal Vaccine state. //2010/

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	69.2	21.8	38.6	65.7	64.3
Numerator	45	46	17	44	54
Denominator	65	211	44	67	84
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
ICD 9 codes (V20.2) were used to determine numerator.

Notes - 2006
ICD 9 codes (V20.2) were used to determine numerator.

Narrative:
/2010/ In FY 2008, 64.3% of SCHIP enrollees less than one year of age received at least one initial periodic screen. This is not a significant change from 65.7% in FY 2007.

Kid Care CHIP is Wyoming's State Children's Health Insurance Program (SCHIP). Kid Care CHIP provides health insurance to uninsured children, in families with income up to 200% of the federal poverty level. Eligibility for Kid Care is determined by the WDH Kid Care CHIP Program.

WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state, and family practice physicians have high caseloads. Wyoming also has inherent geographical challenges. Families are encouraged to have one Primary Care Provider (PCP) with PHNs and other community resources helping to carry out some of the functions of a medical home. MFH emphasizes the importance of well-child checks in addition to specialty care visits.

MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. MFH is currently working with EqualityCare to realign provider reimbursement rates. CSH staff efforts are directed towards coordinating care between pediatric specialists and sub-specialists. PCPs request copies of medical records, and CSH staff assures copies are available for the PCP and PHN staff. MFH staff obtain and review medical records to assess medical eligibility and future medical needs.

MFH and EqualityCare-eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This allows more families to have a payment source for well-child checks. All MFH families are encouraged to obtain well-child checks. This is accomplished through letters and PHN staff efforts.

Qualified non-citizens continue to be eligible for services. Illegal non-citizens are not eligible.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP, DFS, and MFH.

For complex cases, a plan of treatment is agreed upon between MFH, PHN, and APS . These may include children hospitalized out of state who need care coordination to return to their local community. Treatment plans may include recommending clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, SCHIP, and Part C staff, continue to coordinate visits to educate tertiary care facility staff on WDH programs to ensure Wyoming families are referred. Tertiary care facility sites are visited yearly to review program and processes that support Wyoming families.

MFH and PHN staff will follow up with families who need to reapply for EqualityCare or SCHIP to assure healthcare coverage is continuous.

MFH participates with SCHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare, and SCHIP programs.

Through promotion of EPSDT, or well-child checks, MFH emphasizes early screening and treatment to increase each child's ability to reach optimum health. Part of this promotion includes educating families on what to expect from a medical home. Some CSHCN do not receive regular well-child checks due to the number of specialty visits that are required.

MFH staff have participated on the Wyoming Total Health Record Advisory Board for EqualityCare's electronic medical record intiative. Wyoming has completed a request for proposal process seeking a contractor to begin working on the Total Health Record. Once completed, the Total Health Record would support the Medical Home Model and provide tracking for EPSDT.

In the fall of 2007, the Johnson Group Consulting team traveled to Wyoming to conduct a leadership workshop entitled Title V and Medicaid Collaboration to Improve Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and Child Health. This provided opportunities for collaboration between MFH and EqualityCare.

The Childhood Immunization Act was passed providing essential vaccines to non-

EqualityCare providers at a lower cost. Wyoming is now a Universal Vaccine state. //2010//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	69.8	67.4	60	60	60
Numerator	4749	4877			
Denominator	6803	7231			
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2008
Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on this birth certificate, the Kotelchuck Index must also be calulated differently than before. Wyoming Vital Records Service has no epidemiologist, as a result this indicator is not yet available.

Notes - 2007
This indicator is a rough estimate. This data is not yet available. Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on the birth certificate, the Kotelchuck Index is calulated differently than before. Wyoming Vital Records Service has no epidemiologist, so this data was not yet available.

Notes - 2006
This indicator is a rough estimate. This data is not yet available. Wyoming began using the new birth certificate in 2006. Because the data for when prenatal care began is collected differently on the birth certificate, the Kotelchuck Index is calulated differently than before. Wyoming Vital Records Service has no epidemiologist, so this data was not yet available.

Narrative:
/2010/ No new data are available for this measure for 2007 at this time. Wyoming began using the new birth certificate in 2006. Due to this change and a lack of epidemiology staff in Wyoming Vital Statistics Services, this measure may not be available until birth year 2008. While a nearly significant decrease was seen from 2004 to 2005, the percentage remained relatively stable from 2001 to 2005.

All Wyoming communities do not have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

MFH funds WHC to expand the availability of Family Planning Clinic (FPC) and provide a repository for family planning data within Wyoming. WHC, the Title X designee, assures

access to comprehensive, high quality, voluntary family planning services on a sliding fee scale for both men and women. PHP is funded where women with a negative pregnancy test receive three months of prenatal vitamins with folic acid. Migrant Health services are supplemented to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and home visiting are offered as a best practice strategy, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for the EqualityCare PWP as appropriate, and referrals were made to Kid Care CHIP when necessary.

Depression During and After Pregnancy: A Resource for Women, Their Families and Friends, a booklet created by Health Resources Services Administration (HRSA), is provided in volume to PHN offices to share with their pregnant and postpartum clients.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. Monthly samples were drawn by CDPHE beginning in April 2007. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

MFH offers capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care, as well as translation services. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	84.7	73.2	84.0	83.7	82.7
Numerator	45128	38168	43692	42683	41703
Denominator	53254	52156	52026	50972	50431
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
This represents updated Medicaid data from 2007 for children ages 1- 22.

Notes - 2007
This represents updated Medicaid data from 2006 for children ages 1-22.

Notes - 2006
2006 Medicaid data is aggregated for children 1-22 years of age. Therefore, numerator and denominator represents children 1-22 years of age.

Narrative:
/2010/ In 2007, 82.7% of EqualityCare-eligible children ages 1 to 22 received a service paid by EqualityCare. This is a statistically significant decrease from the 2006 estimate of 83.7%. This indicator fluctuates from year to year.

MFH staff obtains and reviews medical records to assess medical eligibility and future medical needs.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This allows families to have a more comprehensive healthcare coverage.

MFH and SCHIP eligible clients not accessing services or following through with treatment plans are referred to PHN for intervention.

Through care coordination, MFH and PHN staff identifies and assists non-EqualityCare providers with enrollment. Providers are alerted to procedures requiring prior authorization before applying for reimbursement. MFH and PHN staff provides assistance with billing resolution.

A plan of treatment is agreed upon between MFH and PHN for complex cases. Cases may include children hospitalized out of state and needing care coordination to return to the local community, and to recommend clients visit their PCP or specialist on a regular basis.

MFH and EqualityCare instituted an increased reimbursement rate for specialists that serve dual-eligible children. MFH is currently working with EqualityCare to realign provider reimbursement rates and assure that records contain proper documentation. //2010//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	43.5	47.6	48.7	49.4	49.8
Numerator	4301	4898	5018	5029	5018
Denominator	9892	10295	10308	10170	10078
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
This data is Medicaid data from Federal FY08 (10/01/07 - 09/30/08).

Notes - 2007

This data is Medicaid data from Federal FY07 (10/01/06 - 09/30/07).

Narrative:
/2010/ In 2008, 49.8% of EPSDT eligible children ages 6 to 9 years of age received a dental service. This represents a slight increase from 49.5% in 2007, but the increase is not statistically significant. This percentage has consistently increased since 2004.

MFH historically provided OHS with funding and will continue as budgets allow.

MFH collaborates with OHS to accomplish the following:
MFH funded OHS to provide dental sealants for children who did not have dental coverage. A baseline survey was conducted in 2000 and showed that 71.3%, of Wyoming third graders had protective sealants. OHS finished a dental sealant survey in school year 08-09. It was found that 56.6% of third graders screened had protective sealants.

OHS conducts dental screening programs in schools and preschools. Parents are informed of any dental care needs, and school nurses provide follow-up. OHS provides services for children not covered by EqualityCare or SCHIP.

The Marginal Dental Program serves low-income children, birth to 19 years, who are not enrolled in any other assistance programs. Marginal Dental also provides services for children who have reached their financial cap or who need care that is not a covered benefit of SCHIP. The program provides dental sealants and fluoride treatments for children.
OHS provides supplies and technical assistance for school fluoride mouth rinse programs in communities that have low levels of fluoride in the drinking water. OHS provides technical assistance to community leaders on fluoridation issues.

OHS supports the work of Wyoming dentists and dental hygienists on oral health education of youth (pre-school through 12th grade). Education sessions focus on improving oral health, proper nutrition for good oral health, and risks associated with tobacco use.

Children with cleft lip/cleft palate often need oral surgery in conjunction with orthodontic treatment. MFH and EqualityCare assist with funding surgical procedures related to cleft lip/cleft palate repair. Interceptive orthodontic treatment is provided for children ages 5 to 12 years to help mitigate severe and crippling malocclusions.

OHS serves as a resource to the Wyoming Oral Health Coalition, consisting of citizens throughout the state. The Coalition promotes health and dental education and identifies services in remote areas. The Wyoming Oral Health Coalition will sponsor a statewide Oral Health Summit in July 2009. This summit will focus on benefits of water fluoridation and will use a round table discussion format to facilitate discussion of key issues in Wyoming. Additional training opportunities for dentists and physicians will be provided after the summit focusing on fluoride varnishes, risk assessment, and management skills for treating young patients. Location of these training opportunities will be chosen based on level of participation at the Oral Health Summit. //2010//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	729	860	739	845	712
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <16 years old receiving SSI in December 2008.

Notes - 2007
All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <16 years old receiving SSI in December 2007.

Notes - 2006
All SSI beneficiaries have Medicaid, which pays for rehabilitative services. Therefore, CSH does not provide rehabilitative services. Denominator is the number of children <16 years old receiving SSI in December 2006.

Narrative:
/2010/ This indicator is zero percent (0%), because all SSI beneficiaries qualify for EqualityCare, which pays for rehabilitative services.

Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. Eligible families can then obtain rehabilitative services.

MFH and PHN refer families that may be medically eligible to apply for Social Security Administration and/or the DDD Children's Waiver Program. This will allow families to have comprehensive healthcare coverage. //2010//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of low birth weight (< 2,500 grams)	2007	payment source from birth certificate	8	9.8	9.1

Notes - 2010
Data from the Wyoming Vital Statistics Services, which began using the new birth certificate in 2006.

Narrative:
/2010/ A lower percentage of women (8.0%) who had their delivery paid by Medicaid had a low birth weight infant compared to 9.8% of women whose delivery was paid by another source in 2007.

All Wyoming communities do not have providers to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties, and assures access to (Family Planning) FP services on a sliding fee scale. Preconception Health Project (PHP) is funded, where women with a negative pregnancy test receive three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and home visiting are offered, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists in applying for the EqualityCare Pregnant Women's Program (PWP) as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are not eligible for the PWP, only for Emergency Delivery services.

In some counties, providers are requiring a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.

MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

Pregnancy by Choice will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year, which will allow access to birth control methods to support intended pregnancy.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

MFH offers capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care, as well as translation services. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 *Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State*	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2007	other	0	0	7.3

Notes - 2010
Data from Wyoming Vital Statistics Services. Infant death data is not available by delivery payor source at this time.

Narrative:
/2010/ Nearly half of Wyoming deliveries are paid by Medicaid, but no outcome data for infant deaths is currently available through the Medicaid or Vital Records systems. Overall, there were 7.3 infant deaths per 1,000 live births in Wyoming in 2007.

All Wyoming communities do not have providers to care for pregnant women. With full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties, and assures access to FP services. PHP is funded where women with a negative pregnancy test receive three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and home visiting are offered, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists women in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are not eligible for the PWP, only for Emergency Delivery services.

In some counties, providers are requiring a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.

MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation, offering suggestions of how to prepare for transport out of state for specialty care.

Pregnancy by Choice will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year, which will allow access to birth control methods to support intended pregnancy.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

MFH offers capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care, as well as translation services. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2006	payment source from birth certificate	60.8	67.7	64.9

Notes - 2010
Data from the Wyoming Vital Records Services, which began using the new birth certificate in 2006. These data have not yet been calculated for 2007 birth data.

Narrative:
/2010/ Wyoming began using the new birth certificate in 2006. Due to prenatal care data being collected differently, these data are not comparable to that from previous years. In 2006, significantly fewer women whose delivery was paid by Medicaid (60.8%) received prenatal care in the first trimester of pregnancy compared to 67.7% of women whose delivery was paid by another source.

All Wyoming communities do not have providers available to care for pregnant women. With full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

MFH funds WHC to expand the availability of FPC and assures access to comprehensive, high quality, voluntary family planning services on a sliding fee scale for both men and women. PHP is funded where women with a negative pregnancy test receive three (3) months of prenatal vitamins with folic acid. Migrant Health services are supplemented to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and home visiting are offered as a best practice strategy, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assist pregnant women in applying for the EqualityCare PWP as appropriate, and referrals were made to Kid Care CHIP when necessary.

Pregnancy by Choice will be available for EqualityCare-eligible postpartum women to extend family planning services from six weeks to one year and will allow women access to birth control methods to support intended pregnancy.

Plan for the Unexpected When You Are Expecting placards will be distributed to all PHN offices and other entities to be available to pregnant women at 20 weeks gestation, offering suggestions on how to prepare for transport out of state.

Depression During and After Pregnancy: A Resource for Women, Their Families and Friends, a booklet created by HRSA, is provided in volume to PHN offices to share with their pregnant and postpartum clients.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

MFH offers capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care, as well as translation services. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2006	other	0	0	67.5

Notes - 2010

Zero is used as a placeholder for Medicaid, non-Medicaid. Wyoming began using the 2003 National Birth Certificate in 2006, which includes payment source on the birth certificate. Due to a lack of epidemiologist staff in Wyoming Vital Statistics Services, adequacy of prenatal care data for 2006 is not yet available. The indicator is data from 2006 Vital Records, which was not broken down by payment source.

Narrative:

/2010/ No new data are available for this measure at this time. Wyoming began using the new birth certificate in 2006. Due to this change and a lack of epidemiology staff in Wyoming Vital Statistics Services, this measure will not be available until birth year 2008. Overall, 67.5 percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index]) in Wyoming in 2006. While this percentage decreased significantly from 2004 to 2005, it remained relatively stable from 2001 to 2005.

All Wyoming communities do not have providers available to care for pregnant women. With full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC assures access to comprehensive, high quality, voluntary family planning services on a sliding fee scale for both men and women. PHP is funded where women with a negative pregnancy test receive three months of prenatal vitamins with folic acid. Migrant Health services are supplemented to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and Home Visiting (HV) are offered, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for the EqualityCare PWP as appropriate, and referrals were made to Kid Care CHIP when necessary.

The Pregnant by Choice Program (PbC) is available for EqualityCare-eligible postpartum women, extending FP services from six weeks to one year, which will allow women continuous access to birth control methods for intended pregnancy.

Plan for the Unexpected When You Are Expecting placards are distributed to PHN offices and other entities for women at 20 weeks gestation, offering suggestions on how to prepare for transport out of state.

Depression During and After Pregnancy: A Resource for Women, Their Families and Friends, a booklet created by HRSA, is provided in volume to PHN offices to share with their pregnant and postpartum clients.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care.

MFH offers capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care, as well as translation services. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's**	**YEAR**	**PERCENT OF POVERTY LEVEL**

Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		**Medicaid**
Infants (0 to 1)	2008	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2008	200

Narrative:
/2010/ Eligibility levels for EqualityCare and SCHIP have not changed in the past year. Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals are shared amongst APS, SCHIP, DFS, and MFH.

MFH and PHN follow up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued. MFH participates with SCHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH, EqualityCare, and SCHIP programs. EqualityCare and SCHIP utilize the same application, streamlining the eligibility process. MFH is similar to SCHIP regarding eligibility, providing gap-filling services to dual-eligible clients. //2010//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 5) (Age range 6 to 18) (Age range to)	2008	 133 100
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2008	 200

Narrative:
/2010/ Eligibility levels for Equality Care and SCHIP have not changed in the past year. Families are required to apply for EqualityCare and SCHIP prior to becoming eligible for MFH services, if they appear to be eligible for this additional coverage. This policy allows families to have more comprehensive healthcare coverage.

Kid Care CHIP is Wyoming's State Children's Health Insurance Program. Kid Care CHIP provides health insurance to uninsured children in families with income up to 200% of the

federal poverty level. Eligibility for Kid Care is determined by the Department of Health, Kid Care CHIP Program.

Families applying for EqualityCare and SCHIP who have a child with a special healthcare need are referred to MFH to determine eligibility for MFH services. Referrals are shared amongst APS, SCHIP, DFS, and MFH.

MFH and PHN follow up with families who need to reapply for EqualityCare or SCHIP, assuring healthcare coverage is continued.

MFH participates with SCHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH, EqualityCare, and SCHIP programs.

EqualityCare and SCHIP utilize the same application, streamlining the eligibility process.

MFH is similar to SCHIP regarding eligibility, providing gap-filling services to dual-eligible clients. //2010//

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2008	133
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2008	200

Notes - 2010
Wyoming's KidCare SCHIP program only covers pregnant women <19 years of age.

Narrative:
/2010/Eligibility levels for Equality Care and SCHIP remain at 133% and 200% of FPL respectively .

WHC offers FP in each county and assures access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provide pregnancy testing and contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy.

Through WHC, MFH funds a Preconception Health Project (PHP), where women who had a negative pregnancy test in a Wyoming FPC receive a packet including three (3) months of prenatal vitamins with folic acid, several condoms, and materials discussing risks with unintended pregnancy. MFH also funds the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model are offered to pregnant women as a best practice strategy. PHN staff provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assist pregnant women in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when

necessary.

As of July 1, 2008, non-citizens are not eligible for PWP. Discussions continue to determine how to address the health needs of that population.

In some counties, providers are requiring a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.

MFH collaborates with EqualityCare to enhance the referral system, increasing the percentage of pregnant women who access care coordination services.

The CPHD Epidemiology Section and MFH co-manage the Wyoming PRAMS project. The survey provides current information on women before, during and after pregnancy. Data are collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

PbC will be available for EqualityCare-eligible postpartum women to extend family planning services from six weeks to one year. This waiver will allow women access to birth control methods to support intended pregnancy.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, risks of substance use and domestic violence to birth outcomes, preterm labor signs and symptoms, and importance of prenatal care.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding will supplement IHS funding to enhance health services delivery to the WRR population. //2010//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No

Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2010

Narrative:
/2010/ Vital Statistics Services now has the ability to provide the linked birth and death data set. While birth data from Vital Statistics Services are not yet linked with Medicaid data, Medicaid information is now available on the birth certificate. WIC data is not linked with Vital Statistics Services data. SSDI funding was awarded in December 2006. These funds were used to link data from Vital Statistics Services data to Wyoming Newborn Metabolic Screening. Linkages to more data sets are planned for the coming year. These linked data sets will provide a foundation for birth defects surveillance. A contract employee will be hired to coordinate efforts for birth defects surveillance planning.

Collection of hospital discharge data ceased as of July 1, 2006. In September 2007, the Wyoming Hospital Association contracted with the Missouri Hospital Association to continue collection of this data. The contract specifies that data will be collected from July 1, 2006, to current. The Wyoming Department of Health has a working relationship with the Wyoming Hospital Association to receive annual copies of this data. Data from FY 06 will not be reported, as the data is incomplete. Data from FY 07 and FY08 are completed and reported. //2010//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No

Notes - 2010

Narrative:
/2010/ Tobacco use information is gathered through the Youth Risk Behavior Survey (YRBS) conducted by the Wyoming Department of Education.

WDH uses tobacco settlement money to implement a comprehensive tobacco prevention and control program as outlined in state statute. Three programs within the WDH tobacco

prevention and control plan have a youth focus. Through with Chew is aimed at the prevention of spit tobacco use. Wyoming Quit Tobacco is a cessation program utilizing a Quitline and Quitnet services. Tobacco Free Schools of Excellence is a program focused on school-based tobacco prevention and cessation. The Adolescent Health Program Specialist will continue the partnership with the MHSASD Youth Advocate for Prevention to collaborate with and support the efforts of the tobacco awareness programs for adolescents.

Two ongoing research-based, teen programs are provided. Intervening with Tobacco Users is an eight-session program for teens that have been caught using tobacco and who most likely do not want to quit. Helping Teens Stop Using Tobacco is an eight-session, voluntary cessation program for teen tobacco users who want to learn how to quit using tobacco. Both programs meet the seven "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" established by the CDC. The programs are easy to use; culturally sensitive; appropriate for diverse populations; and address cigarette, cigar, and spit tobacco use.

State legislation passed in 2009 allows a minor (12 years of age or older) to consent to health care treatment if he/she is a user of tobacco products and wishes to participate in a tobacco cessation program approved by WDH. The Wyoming Quit Tobacco Program is implemented by MHSASD through a contract with the American Cancer Society. The program utilizes a Quitline and Quitnet services. Counseling services are available to teens through counselors skilled and knowledgeable in working with adolescents.

MFH provides capacity grants to county PHN offices to assist in development, delivery, and evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH has collaborated with local offices to offer expansion and social marketing ideas intended to increase interest in programs, which focus on prevention efforts. PHN offices are involved with task forces and coalitions addressing specific needs of adolescents at the local level. //2010//

IV. Priorities, Performance and Program Activities

A. Background and Overview

/2010/ MFH revised the process of funding distribution to county PHN offices for enhancement of MFH service delivery during the 2008 funding year. Previously, funding was distributed to PHN offices based upon a somewhat arbitrary request for funding. A funding formula was developed using indicators chosen by a work group of state and local partners. These indicators were grouped by socio-economic status, health status, nurse capacity, and population base. The value of each indicator for the county was divided by the value for the state and given a score. The scores in each group of indicators were averaged for an overall score. To allocate funding, 50% of the funding was based on county population. The rest of the funding was allocated based on indicator group scores with each group receiving a weight chosen by the work group. In 2008, it was decided to retain indicators and funding levels for 2009. New indicators will be chosen based on priorities selected in the upcoming five-year needs assessment.

The Epidemiology Section continues to develop capacity for collection and analysis of data to monitor and evaluate MFH programs, performance, and priorities. The section applied and was selected to have a CDC/CSTE Epidemiology Fellow assigned. Dr. Ashley Busacker devotes half of full-time employment to MCH and half to chronic disease. This fellowship has created opportunities for the MFH and Epidemiology Sections to collaborate with the Chronic Disease Section. Dr. Busacker has also expanded and enhanced our analysis capacity.

Collection of MCH data has been improved. From 2003 to 2005, Wyoming conducted the Maternal Outcome Monitoring System Survey (MOMS) using the same methodology as CDC's PRAMS. Wyoming was funded to implement PRAMS in 2006 and began data collection in April 2007. The 2007 dataset was received in March 2009. Both MOMS and PRAMS are important sources of perinatal data for the state. The School Nurse Survey was conducted in 2003, 2005, and 2007 to collect data on asthma and diabetes in Wyoming public school children. In 2009, the EPI, OH, and MFH sections collaborated to implement the first Oral Health Survey since 2001. This survey collected data on dental sealants, decay, missing and filled teeth, as well as body mass index on a sample of Wyoming third graders.

Progress has been made in MCH informatics. The WDH has at least 76 data bases utilizing different types of software, which makes sharing data difficult. WDH's IT Section has implemented a system, the CCI, which matches data from many WDH databases. The system currently contains data from Vital Statistics, newborn metabolic screening, Kid Care CHIP, and perinatal home visiting data from Best Beginnings. A report was developed with matches for birth certificates and newborn metabolic screening data. This has replaced much of the hand matching process previously used to ensure infants receive a screening. MFH and the Epidemiology Sections use SSDI funds to support these data linkage efforts.

The BB perinatal home visiting database was implemented in January 2008 and has been operating successfully since that time. The CSHCN database was rebuilt in 2008-2009 and also includes program data for Genetics, Maternal High Risk, and Newborn Intensive Care. This new MFH system was implemented in March 2009. Beginning in April 2009, the BB database will be enhanced to included CSHCN, Genetics, MHR, and NBIC and to improve compatibility with the new MFH system. This will allow PHNs to enter data for all MFH programs electronically. Data from both of these new systems are accessible and can be used to monitor and evaluate performance and programs. //2010//

B. State Priorities

As indicated in the Needs Assessment section, Wyoming has identified the following priority areas (not listed by level of priority):
Provide care coordination services for the at-risk MFH population, including first time mothers, women with high-risk pregnancies and women and children with special healthcare needs.

Decrease barriers to accessing health and dental care.

/2010/ Wyoming Health Council is contracted to provide family planning services with Title X funding. MFH provides supplemental funding to expand family planning services to counties that do not receive Title X funding, including the PHP, where women with a negative pregnancy test are provided a packet, including condoms, healthy lifestyle and pregnancy information, as well as three months of a prenatal vitamin with folic acid.

MFH also supplements federal funding for expansion of MHP services to include implementation of the PHP and prenatal support and referral.

Visits to tertiary care facilities in surrounding states provides knowledge and eligibility guidelines for MFH programs to improve referral back to MFH when moms and babies are transferred out of state for necessary specialty care.

MFH has offered at least one Certified Lactation Counselor (CLC) training each year since 2005, to increase the number of PHN staff who are trained to provide lactation support to home visiting clients throughout the state.

The WECP has established a task force framework centered on the key components of an early childhood system that includes all aspects of physical health. This task force is designed to help problem-solve systemic issues identified through the work of regional partnerships at the community level. //2010//

Decrease incidence of low birth weight births in Wyoming.

/2010/ PHP is available to women who have a negative pregnancy test in any family planning clinic or through the MHP. Education and support are offered to pregnant women through PHN offices within each county. Prenatal classes are taught by PHN staff throughout the state regarding the value of prenatal care, the risks associated with substance use, nutritional needs (including folic acid intake) and adequate weight gain, and signs and symptoms of preterm labor. Childbirth Education training will be offered in the coming months for PHN staff who teach prenatal classes, to assure the most current evidence-based practice is being presented to Wyoming pregnant women.

The PRAMS project collects data on women's behavior prior to, during and after pregnancy. Data will help direct development and revision of MFH policies.

MHR and NBIC programs provide eligible pregnant women and infants access to specialty care out of the state.

Coming of the Blessing booklets provide a culturally competent discussion of the role of the father in American Indian families, risks of substance use and the need for prenatal care for pregnant women. The booklets are distributed through PHN offices and IHS to the WRR population. //2010//

Increase mental health service capacity for MFH population in Wyoming.

/2010/ Depression During and After Pregnancy: A Resource for Women and Their Families and Friends, a booklet created by HRSA, was provided to PHN offices to share with their pregnant and postpartum clients.

A pilot project focusing on positive youth development called "My Place, My Space" was implemented through a partnership with the Fremont County School District #1 Lights on Afterschool Program in January 2009. This pilot was based on the "WRAP for Kids" program. WRAP stands for "Wellness Recovery Action Plan" and is based on a mental health wellness model developed by Mary Ellen Copeland, PhD. The Strengths and Difficulties Questionnaire was chosen as the data tool to measure progress for the children participating in the pilot. Data, lessons learned and materials from this pilot project will be shared through a partnership with the Wyoming Afterschool Alliance to support implementation of this program in other afterschool programs around the state.

The MHSASP Division has been restructured to support a sustained effort to institutionalize system of care principles and practices. A full time employee dedicated to system of care development was hired in February 2009. The Directors of the Departments of Health, Family Services and Education are meeting regularly under the auspices of a MOU adopting system of care principles. The Division is also in the process of structuring its provider contracts to support system of care. The Division intends to continue to use the current Strategic Plan as a guide for ongoing system of care efforts. To assure primacy of the family voice, work with UPLIFT and other consumer organizations to implement system of care statewide will continue.

The Children's Mental Health Waiver is a Medicaid home and community-based waiver. This program has been serving children between ages 4 and 20 years with a diagnosis of serious emotional disturbance, as well as their families since 2006. Services offered through this program include family care coordination to advocate for children and families in utilizing the program; family training and support for individuals who provide uncompensated care, training, guidance, companionship, and support to the children served; and child training and support, which provides one-on-one services and activities that support the overall goals of the wraparound service plan. This service also allows for some relief of the primary caregiver. Waiver service providers are currently available in five locations in the state. Program goals focus on increasing providers to support family choice and service improvements to support increased program utilization.

Wyoming has also been working to create a permanent statewide pediatric mental health system since August 2005. This has been facilitated through a partnership between Child Development Services of Wyoming, a private non-profit membership organization of the state's 14 developmental preschool programs and WDH's DDD. Through Wyoming's developmental preschools, early childhood professionals and mental health clinicians offer training to local childcare providers focusing on infant and preschool social-emotional development. Follow-up technical assistance is provided on a case-by-case basis. With the goal of a permanent sustainable system being in place by August 2009, the program's focus has turned to evaluation and sustainability. ECCS grant funds are supporting a comprehensive on-site visit to each of the 14 regional developmental preschool programs to review their early childhood social-emotional programs and offer suggestions for improvements and additional activities. Beginning in 2009, two post-graduate certification programs will be offered through the University of Wyoming, focusing on Early Childhood Social-Emotional Development and Pediatric Mental Health. Discussions are underway to establish a state membership organization for early childhood professionals and mental health clinicians that would sponsor seminars and workshops to compliment the certification programs and serve as a forum for ongoing discussions and sharing of ideas to further benefit the program. //2010//

Decrease preventable disease and injury in Wyoming children and youth.

/2010/ MFH has been the lead State agency for Safe Kids Worldwide (SKWW) and contracts with CRMC to maintain the Safe Kids Wyoming (SKW) State office focusing on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach to public awareness, education, public policy advocacy, and community action. MFH serves on the Safe Kids Leadership Team to provide financial and programmatic support to statewide efforts to reduce child and adolescent preventable injuries through targeted efforts of SKW chapters. MFH supports SKW action plan goals of improving child injury prevention messages, parent and caregiver education, and strengthening the State office to serve as a resource center to promote best practices of SKWW. MFH staff will attend the "Keeping Kids Alive" national symposium sponsored by Maternal and Child Health Bureau (MCHB) in May 2009 to further discussions and work for the development of a comprehensive review process for child fatalities, which will focus on preventable deaths and major injuries due to all causes. Personnel from DFS are also planning to attend the symposium. //2010//

Decrease tobacco and other substance use in the MFH population.

/2010/ PHN staff has been trained on the 5A's for Pregnant Women, and are well versed in their communities on where to refer pregnant women and their family members for smoking cessation. MFH has partnered with the MHSASD to provide posters and brochures to the PHN offices, as well as the 5A's training.

The Wyoming Quit Tobacco Program utilizes a Quitline and Quitnet services through a contract with the American Cancer Society. Counseling services are available to teens. Recently passed State legislation allows a minor 12 years of age or older to consent to healthcare in order to participate in a tobacco cessation program approved by WDH. The Adolescent Health Program Specialist partners with the Youth Advocate for Prevention position within the MHSASD to collaborate and support current efforts surrounding the tobacco awareness programs for adolescents. Capacity grants to counties provide funding for PHN service delivery emphasizing youth health concerns. PHN staff is involved in local task forces and coalitions. They also provide messages targeted to the adolescent population regarding tobacco use.

MFH is represented on the Governor's Council on Impaired Driving to advocate for the needs of youth in Wyoming. The Governor's Conference on Impaired Driving includes a youth track to provide a forum to address the current issues relating to impaired driving and youth. The WDH "Line" advertising campaign focuses attention and discussion on underage drinking, binge drinking, and driving while under the influence in Wyoming. MFH supports PHN offices to play an integral role in community level prevention messages for the adolescent population regarding alcohol and substance use, including participation on local committees, councils or task forces focused on the reduction of underage drinking. //2010//

Increase family participation and support in all MFH programs.

/2010/ In February 2009, MFH funded a parent, Michelle Pena, to attend the Association of Maternal and Child Health Programs (AMCHP) conference. Ms. Pena works at PIC in Casper and has agreed to participate in the upcoming MFH needs assessment and assist MFH in building family participation. Throughout the year, MFH has communicated with Family Voices at both the regional and national level as to the future of Family Voices in Wyoming. //2010//

Improve women's pre-conception and inter-conception health.

/2010/ MFH supplements Title X funding to expand the availability of family planning

services throughout the state, available to both men and women. PHP are also funded to provide support to women who have a negative pregnancy test, which includes education on preconception health, healthy lifestyle, condoms, and three months of prenatal vitamins with folic acid. Vitamins will also be purchased to give out from PHN offices to women who either do not go to a family planning clinic for a pregnancy test, or in any other way have not received prenatal vitamins with folic acid to take on a regular basis, in preparation for an eventual pregnancy.

PbC is a FP waiver available for postpartum women on the PWP, who continue to reapply annually, as long as EqualityCare-eligible. This waiver will allow women access to birth control methods to support intended pregnancy. //2010//

Subsequent to identifying these priorities during the development of the Five Year Needs Assessment, MFH modified the state performance measures.

State Performance Measures

It was determined that state performance measures five and eight would be discontinued (the percentage of women drinking alcohol during pregnancy and the percentage of Wyoming counties with access to translation services). Mental Health and Substance Abuse Services Division (MHSASD) is primarily responsible for addressing alcohol use in all populations, including pregnant women. WOMH is currently located in another section, and MFH funds are no longer being used to support that position. However, translation and appropriate support services continue to be available throughout the state. As a result of changes in MFH priorities, two new state performance measures were added. Wyoming's current state performance measures are listed below. The two new performance measures include future efforts directed toward these areas.

New State Performance Measures

Percent of Wyoming infants identified at birth with a congenital anomaly
- Collaborate with Vital Statistics Services to obtain aggregate data on infants born with congenital anomalies.
- Since Wyoming has no birth defects surveillance system, a data system will be implemented to track data on congenital anomalies.

Percent of women who report taking a multivitamin in the month before pregnancy
Emphasis will be on nutrition during pregnancy with support from:
- WIC
- Cent$ible Nutrition
- Healthy Baby is Worth the Weight Program, which helps pregnant women and their providers track weight during pregnancy to ensure adequate weight gain

Current State Performance Measures
- Percent of deaths in children and youth ages 1-24 years of age due to non-motor vehicle related unintentional injuries.
- Percent of high school students using alcohol
- Percent of high school students who report tobacco smoking.
- Percent of infants born to women who smoked during pregnancy
- Percent of Wyoming high school students who are overweight
- Percent of high school students using methamphetamine
- Percent of infants born preterm (before 37 weeks gestation)
- Percent of postpartum women reporting daily multi-vitamin use in the month before getting pregnant.

Old and new state performance measures are outlined in the State Performance Measures

As indicated in the Needs Assessment section.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	98	99	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	22	19	17	15	14
Denominator	22	19	17	15	14
Data Source					Children's Special Health Program
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	100	100	100	100	100

Notes - 2008
On July 1, 2006, NBMS expanded screening to 28 conditions. Timely follow-up has not been defined by CSH, so numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2005-2007) are combined for a rolling three-year percentage since numerator is <20. All data is reported for the current year with a notation of the year for which the data was obtained.

Notes - 2007
On July 1, 2006, NBMS expanded screening from 7 to 28 conditions. Timely follow-up has not been defined by CSH, so numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Three years (2004-2006) are combined for a rolling three-year percentage since numerator is <20. Previously, Wyoming reported data with a one year lag. As of this 2009 application, all data will be reported for the current year with a notation of the year for which the data was obtained.

Notes - 2006
On July 1, 2006, NBMS expanded screening from 7 to 28 conditions. Timely follow-up has not been defined by CSH, so numerator is defined as the number of confirmed cases who had a follow-up visit with their primary care doctor. Timely follow-up will be defined and tracked in 2008. Three years (2004-2006) are combined for a rolling three-year percentage since numerator is <20.

a. Last Year's Accomplishments

The objective for 2008 was 100%. In 2007, 100% of screen positive newborns received treatment for their conditions.

Wyoming NBMS continued to screen for 28 conditions. MFH contracted with CDPHE for testing, tracking, and staff training for newborn screening. The IMD Clinic at TCH provided consultation and education on metabolic conditions for Wyoming providers. MFH visited the CDPHE laboratory to review the contract and collaborate on efforts pertaining to the NBMS processes. MFH continued to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

Vital Statistics Services, EHDI, and Newborn Metabolic Screening collaborated to enhance the quality of screening reports. As of January 2006, birth certificates are submitted electronically allowing for timelier reports. These reports include infant gender and multiple birth status. MFH worked with Vital Statistics Services to obtain the death records of infants. This has decreased the number of deceased infants tracked for missing screens.

Transportation and translation services were available for families who qualified for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics. In addition, CSH covered PKU formula for children and youth who are eligible for the program.

Capacity Grants to counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Erica L. Wright, MS, Certified Genetic Counselor, Clinical Genetics and Metabolism, TCH, visited Wyoming to provided training for MFH staff on expanded newborn screening and follow-up on abnormal results. MFH staff continues to use Erica as a resource for questions regarding inherited metabolic diseases.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Wyoming NBMS Program			X	
2. IMD Clinic Consultations	X			
3. Vital Statistics Services				X
4. Support Data Systems				X
5. Transportation/Translation Services		X		
6. MFH Capacity Grants				X
7. Care Coordination		X		
8. PKU formula coverage	X			
9. Genetic Services Program	X			
10.				

b. Current Activities

Through the CCI program, birth records are now linked to newborn metabolic lab results. This has reduced the manpower required to ensure all Wyoming infants receive or waive a screening. Computer linkage of Vital Statistics Services, newborn hearing screening results, and newborn metabolic screening results is expected in late 2009.

In November 2008, MFH staff attended the Newborn Metabolic and Genetic Testing Symposium in San Antonio, Texas. The symposium addressed state and national newborn screening, genetic testing, and policy issues important to public health laboratories. NBMS follow-up,

education, and regional partnerships were highlighted.

In April 2009, Wyoming began sending out a "Submitter Report Card" to NBMS providers evaluating facilities on important specimen parameters, including submission time, specimen quality, and NBMS form completion. These reports, provided quarterly, will improve the specimen submission process, accuracy of reports, and timeliness of follow-up.

In May 2009, MFH staff traveled to Nebraska for a site visit of their NBMS program. This visit helped Wyoming staff to gather best practices from another state that contracts laboratory services for their NBMS program.

c. Plan for the Coming Year

Vital Statistics Services, Newborn Hearing, and NBMS will continue to collaborate to enhance the quality of newborn screening reports. Vital Statistics Services will educate birth hospitals on correct reporting of newborn screening results on birth certificates.

CSH will contact providers to request that infant information on the newborn screening laboratory slips is complete. This will help ensure quality record matches and improve timeliness for follow-up of missed screenings.

In 2009, a NBMS Advisory Council will be convened. This group will help guide the NBMS process, approve the list of conditions screened, and assist MFH in defining timely follow-up for definitive diagnosis and clinical management.

MFH will continue to determine the viability of adding further conditions. MFH plans to update the Provider Toolkit with additional conditions and algorithms. These updates will be sent to Wyoming providers who submit either an initial or second screen.

With the CDPHE contract expiring June 30, 2010 MFH will complete an RFP for the next contract period for testing, tracking, and staff training for newborn screening. This contract will include consultation and education for Wyoming providers regarding metabolic conditions.

CSH will continue to cover PKU formula for children and youth who are eligible for the program.

MFH and EHDI will continue to coordinate and educate Wyoming providers and tertiary care facility staff on the importance of newborn hearing and metabolic screenings and referrals for patients.

Capacity Grants to counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Performance Objective	59	59	59	60	58
Annual Indicator	57.7	57.7	57.7	57.5	57.5
Numerator					

Denominator					
Data Source					2005/2006 National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	58	58	60	60	60

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Data from the 2005/2006 National Survey of Children with Special Health Care Needs (CSHCN) show that 57.5% of Wyoming CSHCN ages 0 to18 years have families who partner in decision making at all levels and are satisfied with the services they receive. This is similar to the national percentage (57.4%). This has not changed significantly from 57.7% in the 2001 national survey. MFH participated on the Support, Access, Growth, and Empowerment (SAGE) Initiative to address mental health issues of families within the state with a focus on wrap-around services.

Collaboration with EqualityCare and Kid Care CHIP has focused on coordinating services for the MFH population and assisting families in navigating program coverage and eligibility requirements.

EqualityCare implemented a translation reimbursement policy for eligible clients. Transportation and translation services for eligible MFH clients continued to be reimbursed at EqualityCare rates. Identified barriers were addressed through a variety of partnerships, ensuring adequate services continue.

MFH provided a tool for families to use in preparation for the transition process. MFH staff also attended an UPLIFT Conference in 2007, which addressed many issues the CSHCN population faces, including transitioning from high school into adult life.

Capacity Grants to PHN offices provided funding to local county offices. These funds allowed public health nurses to work with CSHCN families in order to maximize services.

The MFH staff worked on promoting well-child checks. In a collaborative effort with childcare organizations, licensing posters and pamphlets were distributed throughout Wyoming. In addition, MFH staff tracked and notified CSHCN families of recommended periodic well-child

checks.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family and Provider Satisfaction Survey				X
2. Specialty Outreach Clinic Support				X
3. SAGE Initiative				X
4. Early Intervention Council (EIC)				X
5. Support Data Systems				X
6. Translation/Transportation Services Support		X		
7. MFH Capacity Building				X
8. Family Voices				X
9. Well-child Checks			X	
10.				

b. Current Activities

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetes clinic team that works with patients and their families. MFH also funds a nutritionist to attend the First Step Diagnostic Clinic biannually. MFH collaborated with Developmental Pediatric Services in supporting Autism Awareness Month and free autism screenings held around the state.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

MFH enhances education and promotion of MFH programs through conferences, webcasts, seminars, and trainings. MFH reviewed, revised, and updated brochures at the end of 2008. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers and families. All brochures are available in alternate formats, as requested. As new providers enroll, MFH sends brochures to be distributed to staff and patients at their clinics.

In February 2009, MFH funded a parent, Michelle Pena, to attend the Association of Maternal and Child Health Programs (AMCHP) conference. Ms. Pena works at PIC in Casper. She has agreed to participate in the upcoming MFH needs assessment and to assist MFH in building family participation.

c. Plan for the Coming Year

Family satisfaction surveys will be revised and completed, after genetic services clinics and cleft palate clinics as a means to measure satisfaction with services accessed.

The MFH staff will continue to work on promoting well-child checks and to develop educational materials. In a collaborative effort, materials will continue to be distributed throughout Wyoming.

In an effort to integrate child healthcare records, MFH will continue to collaborate with WDH programs such as EqualityCare and DDD. Recent efforts include the development of the electronic medical record, the Total Health Record (THR), and a data warehouse called CCI. These efforts will help to reduce duplication of services.

The Early Intervention Council (EIC) will continue to provide input to the WDH and the WDE on the Part C population (0 to 2yrs). Quarterly meetings will be held in various sites throughout the

state and parent advisory boards will be invited to attend and give input.

Partnerships will continue with other WDH programs, which will focus on streamlining and coordinating services for the MFH population. These programs include Childcare Licensing, DFS, MHSASD, WIC, OHS, WOMH, RFHD, and PHN.

Transportation and translation services for MFH clients will continue to be reimbursed. Identified barriers will be addressed through a variety of partnerships, ensuring adequate services continue.

MFH will continue to enhance education and promotion of MFH programs through conferences, webcasts, seminars, and trainings. MFH staff will participate in Wyoming specialty outreach clinics to provide support for families and providers.

Partnership efforts with Family Voices at the regional and national level will be augmented through ongoing communication and guidance. This will strengthen Wyoming's Family Voices Chapter.

Capacity Grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	56	56	56	58	50
Annual Indicator	55.6	55.6	55.6	49.1	49.1
Numerator					
Denominator					
Data Source					2005/2006 National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	53	53	53

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern

revisions, and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Data from the 2005/2006 National Survey of Children with Special Health Care Needs (CSHCN) show that 49.1% of Wyoming CSHCN ages 0 to18 years receive coordinated, ongoing, comprehensive care within a medical home. This is similar to the national percentage (47.1%).

MFH emphasized the importance of obtaining a medical home for all children. This is especially important for CSHCN whose conditions may be complex and requires more of the provider's time, but who benefit from a central point of care coordination.

Clients eligible for MFH, EqualityCare, and/or Kid Care CHIP who did not access services or follow through with treatment plans were referred to PHN and APS for intervention.

Cooperation between MFH, PHN, and APS for complex cases ensured that clients received needed services.

MFH emphasizes early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. A part of the promotion of well-child checks is to educate the families on what to expect from a medical home. Some CSHCN do not receive regular well-child checks due to the number of specialty visits that are required.

Specialty outreach clinics continued to be maintained, with genetic clinics added in Gillette and Cody, Wyoming.

MFH staff attended conferences which focused on accessing care within a rural setting, how to address barriers, and the medical home model.

Capacity Grants to PHN offices continued. MFH also held an annual conference for PHN's to address issues that are faced in the community, including care coordination and medical home.

MFH staff performed client chart reviews to promote quality assurance and to ensure clients are receiving appropriate services through their medical home.

ECCS funds supported an annual conference for daycare providers educating them on the importance of the medical home concept.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Care Coordination		X		
2. Treatment Plan Compliance Reviews		X		
3. Promote Well-child Checks			X	
4. Support Data Systems				X
5. Specialty Clinic Coordination			X	
6. Translation/Transportation Services Support		X		
7. MFH Capacity Grants				X

8.				
9.				
10.				

b. Current Activities
WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state, and family practice physicians have high caseloads. Wyoming also has inherent geographical challenges. Families are encouraged to have one Primary Care Provider (PCP) with PHNs and other community resources helping to carry out some of the functions of a medical home. MFH emphasizes the importance of well-child checks in addition to specialty care visits.

Efforts continue to be directed towards coordinating care between pediatric specialists and the PCP by obtaining medical records, and assuring that a copy is available for the PCP and PHN staff. PHN staff work with the PCP in case management and assist with care coordination.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetes clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually. Dr. Robert Leland and Dr. Diane Edwards have increased the number of developmental clinics they hold. MFH collaborated with Developmental Pediatric Services in supporting Autism Awareness Month and free autism screenings around the state.

c. Plan for the Coming Year
WDH is currently working within the department to create an electronic medical record called the Total Health Record (THR), and MFH will continue to play an integral role. Wyoming has completed a request for proposal process seeking a contractor to begin working on the THR. Once completed, the THR would support the Medical Home Model and provide tracking for EPSDT. American Recovery and Reinvestment Act of 2009 (ARRA) stimulus funds may be available as an incentive for physicians to implement the THR.

Transportation and translation services will be available for families who qualify for MFH programs.

MFH will continue marketing specialty outreach clinics to provide awareness to PCPs and families needing these services. Through these clinics, specialty care is available closer to home by bringing specialists to Wyoming. Parents decrease the time they are away from work, and travel expenses are reduced for families.

MFH staff will continue to perform client chart reviews to promote quality assurance and to ensure clients are receiving appropriate services through their medical home.

MFH staff will obtain and review medical records to assess medical eligibility and future medical needs.

WDH will continue work to increase the number of Wyoming children who have a medical home. Families are encouraged to have one PCP with PHNs and other community resources helping to carry out some of the functions of a medical home. MFH will continue to emphasize the importance of well-child checks in addition to specialty care visits.

Efforts will continue to be directed towards coordinating care between pediatric specialists, sub-specialists, and the PCP by requesting copies of medical records, and assuring that a copy is

available for the PCP and PHN staff.

Clients eligible for MFH, EqualityCare, and Kid Care CHIP who do not access services or follow through with treatment plans will continue to be referred to PHN and APS for intervention.

Coordination will continue between MFH, PHN, and APS. These cases include children hospitalized out of state and in need of care coordination as they return to the local community. Clients will be encouraged to visit their PCP or specialist on a regular basis.

MFH will continue to emphasize early screening and treatment to increase each child's ability to reach optimum health through promoting EPSDT and educating families and providers on the benefits of a medical home.

MFH will team with other partners and direct efforts towards furthering the medical home initiative in Wyoming.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	52	52	52	52	65
Annual Indicator	51.6	51.6	51.6	60	60
Numerator					
Denominator					
Data Source					2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	65	65	65	65	65

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Data from the 2005/2006 National Survey of Children with Special Health Care Needs (CSHCN) shows that 60% of the families of Wyoming CSHCN ages 0 to 18 years have adequate private and/or public insurance to pay for the services they need. This is an increase from 51.6% in 2001.

Families were required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continued to be eligible for services while illegal non-citizens were ineligible.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared among APS, Kid Care CHIP, DFS, and MFH.

OHS participated on the Kid Care CHIP Coordination Committee to address dental needs.

MFH provided coverage for services that Kid Care CHIP did not cover such as hearing aids, therapy vests, orthognathic surgery, translation services, and additional vision follow up appointments.

MFH provided follow-up of dual-eligible clients through the EPICS system, a data system utilized by DFS for dual eligibility. Geographic and program benefit information were examined for each client.

For complex cases, a plan of treatment was agreed upon between MFH, PHN, and APS. These have included children hospitalized out of state in need of care coordination to return to their local community. Treatment plans usually include recommending clients visit their PCP or specialist on a regular basis.

MFH and PHN staff followed up with families needing to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage continued.

MFH participated with Kid Care CHIP on marketing presentations throughout the state, which allowed Wyoming citizens to be informed about MFH and EqualityCare programs

As a best practice strategy, MFH advocated that Wyoming families maintain a rapport with pediatric specialists and sub-specialists ensuring a continuity of care, which includes services obtained out of state.

EqualityCare and Kid Care CHIP utilized the same application, streamlining the eligibility process.

Wyoming Regional Genetic Program allowed individuals who have inadequate or no insurance to obtain consultation services at no cost.

MFH participated on the Governor's Planning Council on Development Disabilities.

Capacity Grants to Wyoming counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Transportation and translation services for eligible MFH clients continued to be provided.

MFH, PHN, EqualityCare, and Part C staff continued to coordinate and educate tertiary care facility staff to ensure Wyoming families are referred to WDH programs. Annual tertiary care facility visits include meeting with hospital staff and reviewing Wyoming programs that support Wyoming families.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. EqualityCare/KID CARE CHIP Application			X	
2. KID CARE CHIP Coordination Committee				X
3. Gap Filling Services	X			
4. Support Data Systems				X
5. Wyoming Regional Genetic Program		X		
6. Governor's Planning Council on Devwlopmental Disabilities				X
7. Translation/Transportation Services		X		
8. MFH Capacity Grant				X
9. Tertiary Care Facility Visits				X
10.				

b. Current Activities

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. Families who have a child with special health care needs are offered referral to MFH programs. Referrals continue to be shared among APS, Kid Care CHIP, DFS, and MFH.

OHS participates on the Kid Care CHIP Coordination Committee, addressing dental needs of the MFH population.

MFH and PHN staff follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued.

MFH participates with Kid Care CHIP in networking with communities throughout the state, allowing for Wyoming citizens to be informed about MFH, EqualityCare, and Kid Care CHIP programs that are available.

EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process.

MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients.

MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

c. Plan for the Coming Year

Families will be required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible.

OHS will continue to participate in the Kid Care CHIP Coordination Committee to address the dental needs of the MFH population.

MFH will collaborate with Kid Care CHIP to provide gap-filling services to dual-eligible clients.

MFH will continue to access the EPICS system (the DFS computer system for dual eligibility), allowing for enhanced service coordination to compare geographic and program benefit information. Information will be shared amongst collaborating agencies to ensure healthcare coverage continues.

Coordination will continue between MFH, PHN, and APS for complex cases, including children hospitalized out of state needing care coordination when returning to the local community. MFH will continue to recommend clients visit their PCP or specialist on a regular basis.

MFH and PHN staff will continue follow-up with families to reapply for WDH programs and other associated entities, assuring healthcare coverage is continued.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This will allow Wyoming citizens to be informed about MFH and EqualityCare programs.

As a best practice strategy, MFH will advocate that Wyoming families maintain a rapport with pediatric specialists and sub-specialists to ensure continuity of care, including services obtained out of state.

MFH continues to advocate for paid travel to out of state pediatric specialist appointments for dual-eligible clients. This helps families maintain the rapport they have built with specialists and encourages compliance with the treatment plan.

EqualityCare and Kid Care CHIP will continue to utilize the same application, streamlining the eligibility process.

Wyoming Genetic Counseling Services will continue to allow individuals who have inadequate or no insurance to be seen for consultation at no cost.

MFH staff will continue to participate on the Governor's Planning Council on Development Disabilities.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Transportation and translation services for eligible MFH clients will continue to be provided.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2004	2005	2006	2007	2008

Data					
Annual Performance Objective	82	82	82	84	90
Annual Indicator	80.3	80.3	80.3	88.8	88.8
Numerator					
Denominator					
Data Source					2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	90	90	90	90	90

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Data from the 2005/2006 National Survey of CSHCN shows 88.8% of the families of Wyoming CSHCN ages 0 to 18 years report that community-based service systems are organized, so they can use them easily. This is comparable to the national percentage (89.1%).

In early 2008, the Wyoming SAGE Initiative expanded to include the Northeast region of the state, improving services for children and youth with serious mental health needs and their families.

MFH participated with WECP on the ECCS initiatives to assure the needs of MFH populations are addressed.

MFH contracted with CDPHE for testing, tracking, and staff training for newborn metabolic screening. The Inborn Metabolic Disorders (IMD) Clinic at TCH provided consultation and education on metabolic conditions for Wyoming providers and families. MFH continued to enhance education and promotion of newborn screening through conferences, webcasts, seminars, and trainings for staff and other associated entities.

DDD worked closely with PHN to provide developmental screenings, services, and referrals for infants and children. They have a highly successful One before Two marketing campaign that

encourages families to get their young child screened at a local developmental center at least once before the child reaches the age of two.

MFH held an annual conference for PHN to address issues faced in the community.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN were referred to MFH to determine eligibility for MFH services. Referrals continued to be shared amongst APS, SCHIP, DFS, PHN, and MFH.

For complex cases, a plan of treatment was agreed upon between MFH, PHN, and APS. These may have included children hospitalized out of state in need of care coordination to return to their local community. Treatment plans usually include recommending clients visit their PCP or specialist on a regular basis.

MFH, PHN, EqualityCare, and Part C staff continued to coordinate and educate tertiary care facilities in surrounding states about programs available to Wyoming families. This ensures families are referred to WDH programs, as well as other associated entities, upon discharge from the hospital.

Capacity Grants to Wyoming counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

MFH provided a tool for families to use for transitioning. MFH also attended an UPLIFT conference about transitioning from high school to adulthood.

MFH reviewed, revised, and updated brochures. Some MFH brochures are targeted at providers and include a simple overview of all programs available, while others provide detailed program information for consumers. All brochures are available in alternate formats, as requested. As new providers enroll, MFH sends brochures to be distributed to staff and patients at their clinics.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Support, Access, Growth and Empowerment (SAGE) Initiative				X
2. ECCS				X
3. Specialty Outreach Clinics		X		
4. Translation/Transportation Services		X		
5. MFH Capacity Grants				X
6. Family Voices Collaborative				X
7. Transition Planning		X		
8. Social Marketing				X
9.				
10.				

b. Current Activities

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetic clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually. Dr. Robert Leland and Dr. Diane Edwards have increased the number of developmental clinics they hold. In 2009, MFH collaborated with Developmental Pediatric Services in supporting Autism Awareness Month and free autism screenings held around the state.

In spring, 2009, MFH supported the Wyoming Lion's Early Childhood Vision Project with funds to

purchase additional screening equipment and to continue screening activities. The purpose of vision screening is to prevent serious vision problems through early detection. MFH will continue to meet with a group of stakeholders to help determine a sustainability plan for this project.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

c. Plan for the Coming Year

As part of the MCH five year needs assessment, a retreat will be held in June 2009. Three population work groups, including one for CSHCN, will receive training, determine data gaps, and assess capacity. After data is gathered and provided to group members, they will reconvene in August 2009, to finish assessing capacity and select group priorities. The workgroups will review and provide input on the final needs assessment document and provide ongoing accountability and feedback in subsequent years.

The MFH team will continue to work with collaborative partners, including PHN and Family Voices, to strengthen the design of Wyoming's transition planning tool and to promote its use among PHN staff, clinicians, family advocates, etc.

As Wyoming began to enter the final stages of the SAGE grant, it was concluded that the best way to achieve the goals was to move to the next stage without accepting the final two years funding of the grant. To date, approximately 60 children have been served.

Transportation and translation services will be available for families who qualify for MFH programs.

MFH will continue marketing specialty outreach clinics to provide awareness to PCPs and families needing these services. Bringing specialists to Wyoming decreases travel time and expenses and allows parents to spend less time away from work.

Families applying for EqualityCare and Kid Care CHIP who have a CSHCN will continue to be offered a referral to MFH programs.

Efforts will continue to be directed towards coordinating care between pediatric specialists, sub-specialists, and the PCP by requesting copies of medical records and assuring that a copy is available for the PCP and PHN staff.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

MFH and PHN staff will continue follow-up with families to reapply for WDH programs and other associated entities, assuring healthcare coverage is continued.

PHN developed Standards of Care for providing family centered care to families with premature infants and participated in a premature infant conference, to further focus on public health's role in premature infant care. Standards will be developed for all of the MCH services provided by PHN.

MFH will continue to participate with Kid Care CHIP in networking with communities throughout the state. This will allow Wyoming citizens to be informed about MFH, EqualityCare and Kid Care CHIP programs.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community

resources.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	7	7	5.8	6	50
Annual Indicator	5.8	5.8	5.8	47	47
Numerator					
Denominator					
Data Source					2005/2006National Survey of CSHCN
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	50	50	50	50	50

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2006
The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

a. Last Year's Accomplishments
Data from the 2005/2006 National Survey of CSHCN show that 47% of youth with special health care needs received the services necessary to make transitions to all aspects of adult life, including adult healthcare, work, and independence. This is higher but not statistically different than the national percentage (41.2%).

MFH collaborated with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts were made for CSHCN transitioning to all aspects of adult life.

MFH continued contact with Diane Magill, Partners in Policy Making, regarding advocacy for clients, supported through the Governor's Planning Council on Developmental Disabilities.

MFH attended and financially supported Adelante Niños. This conference focused on educating fifth graders, including CSHCN, who were transitioning into junior high about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

MFH attended, participated, and funded conferences provided by UPLIFT, whose mission is encouraging success and stability for children and youth with or at risk for emotional, behavioral, learning, developmental, or physical disorders at home, school, and in the community. MFH staff provided a booth to disseminate information about MFH programs.

As a resource, MFH provided families/clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition.

Through MFH funding, a Family Voices representative attended the AMCHP conference to receive education pertaining to transition issues.

Transportation and translation services for eligible MFH clients continued to be provided.

Capacity Grants to counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources, including available transition services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Parent Advocacy Groups		X		
2. Family Voices		X		
3. Governor's Planning Council on Developmental Disabilities				X
4. Translation Services		X		
5. MFH Capacity Grant				X
6. AMCHIP				X
7.				
8.				
9.				
10.				

b. Current Activities

In February 2009, MFH funded a parent, Michelle Pena, to attend the Association of Maternal and Child Health Programs (AMCHP) conference. Ms. Pena works at PIC, in Casper, and has agreed to participate in the upcoming MFH needs assessment, and assist MFH in building family participation.

MFH collaborates with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts are being made for CSHCN transitioning to all aspects of adult life.

In May 2009, MFH financially supported Adelante Niños. This conference focused on educating fifth graders, including CSHCN, who were transitioning into junior high about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

MFH attends, participates in, and funds various conferences around the state. MFH provides a booth to provide information about MFH programs.

As a resource, MFH provides families and clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition.

Transportation and translation services for eligible MFH clients are provided.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources, including available transition services.

c. Plan for the Coming Year
MFH will continue current activities.

MFH will continue to fund a parent advocate to attend the AMCHP conference. This individual's responsibility is to become an integral partner with MF, providing guidance and feedback on ways to improve the transition process.

MFH will continue to collaborate with the Governor's Planning Council on Developmental Disabilities and Vocational Rehabilitation to assure efforts are being made for CSHCN transitioning to all aspects of adult life.

Through the needs assessment process, MFH will strengthen collaborative relationships with other advocacy agencies providing services to the MCH population in Wyoming, such PIC/PEN, and UPLIFT.

MFH will endeavor to strengthen Family Voices locally through collaboration at the national level.

MFH will continue to attend, participate, and fund conferences provided for the MFH population. MFH staff will staff booths at these conferences to ensure information is disseminated about MFH programs.

As a resource, MFH will provide families/clients that are transitioning from youth to adult services with a document listing available resources and suggested topics that need to be addressed prior to transition. MFH is researching future efforts to strengthen this transition process.

Transportation and translation services for eligible MFH clients will continue to be provided.

Capacity Grants to Wyoming counties will continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referring to appropriate community resources, including available transition services.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	70.1	82	84	80	77
Annual Indicator	80.1	83.3	78.6	75.4	76.8
Numerator	11796	12453	12659	12908	12718
Denominator	14727	14949	16106	17119	16560
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	77	78	78	79	79

Notes - 2008
Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore, data from this year may not be comparable to that for previous years.

Notes - 2007
Indicator data for this measure is from the 2006 National Immunization Survey (NIS). In 2006, NIS changed the demoninator for the survey. It now includes all births from 2003 and 2004 and one half of 2005 births. Therefore, data from this year may not be comparable to that for previous years.

Notes - 2006
Data are from the 2005 National Immunization Survey. The denominator includes 11/12 of births from 2002 + all 2003 births + 1/2 of 2004 births based on NIS sampling population (Feb 2002-July 2004 births). Numerator is estimated using the percentage given by the survey and denominator.

a. Last Year's Accomplishments
The Healthy People 2010 objective is to immunize at least 90% of children ages 19 to 35 months for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B, also known as 4:3:1:3:3. Wyoming's objective for 2008 was that 77% of children ages 19 to 35 months be immunized for 4:3:1:3:3. Data from the 2006 National Immunization Survey (NIS) show that 76.8% of Wyoming children 19 to 35 months of age had completed their 4:3:1:3:3. This data is not comparable to data before 2006 because NIS changed the method of calculating the source population for the survey.

Care coordination through PHN offices was utilized as an opportunity to provide community education regarding immunizations, as well as referral to healthcare providers for well-child care, including immunizations.

MFH and the Immunization Section partnered to revise informational immunization folders that were distributed during Immunization Week in April 2008. Provider offices and other partners received the folders, as well as public health nurses, who utilized them to organize additional

appropriate educational materials for pregnant women.

The Immunization Section was primarily funded through a federal Childhood Immunization Grant. The amount of vaccines available was supplemented through a state appropriation. State funds provided all vaccines to children of Wyoming residents who did not qualify for free, federally purchased vaccines through the Vaccines for Children program. Providers may charge a fee for administering the vaccination, but the vaccine is provided for free.

The Wyoming Immunization Registry (WyIR) continued to be functional in all PHN offices. The focus of WyIR is to facilitate timely, age appropriate delivery of immunizations, highlighting the benefits of gathering and interpreting data.

The Immunization Section collaborated with MFH to add WyIR to the laptops purchased by MFH for PHNs. This expansion allowed WyIR users to be able to access the Registry in real time to ensure Wyoming citizens are up-to-date with their immunizations or that they received the recommended immunizations in a timely manner.

MFH, CPHD Epidemiology, and other partners participated in the creation and introduction of state legislation intended to expand the Wyoming Child Major Injury and Fatality Review Team (WCMIFRT) to review all preventable child deaths. This would include reviewing deaths due to vaccine-preventable disease. The legislation failed.

Additional efforts of the Immunization Section included gathering data and promoting a healthy lifestyle, focusing on preventing disease and illness through participation in the Immunization Registry. Connections were made with providers to encourage families to maintain immunization schedules for children with the Immunization Section providing ongoing technical assistance.

MFH emphasized early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. As part of our effort in promoting the importance of keeping up with age appropriate immunizations, in addition to specialty care visits for CSHCN using the periodicity schedule, letters are sent to the families as a reminder and to encourage follow through.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Perinatal education and care coordination			X	
2. Wyoming Immunization Program collaboration				X
3. WY Immunization Registry				X
4. Vaccine For Children Program			X	
5. MFH Laptop Project				X
6. Technical Assistance Program				X
7. Vaccine Advisory Board				X
8.				
9.				
10.				

b. Current Activities

In an effort to increase utilization of the WyIR by providers, the Immunization Section passes out two ‘smart' buttons to each provider office. A single click of the ‘smart button' takes providers to the WyIR internet site, while holding down the button takes providers to the Wyoming Immunization Section homepage, where most of the documentation for the WyIR is present.

Immunization folders are available to PHN staff for creating BB educational packets for pregnant women. The information provided within the folders and sent out to providers for Immunization Week in April 2008, includes immunization best practice, basic growth and development guidelines, and child safety.

The Immunization Section commits time, staff, and fiscal resources to increase immunization coverage. The Immunization Section, MFH, and Wyoming Developmental Centers collaborate to improve communication to clients and parents about the protective health benefits of timely childhood immunizations within home daycare centers, childcare facilities, and developmental pre-school programs. This effort is intended to strengthen the WDH infrastructure through increased prevention messages and public service announcements.

c. Plan for the Coming Year

The Immunization Section continues to promote and expand the functionality of the WyIR to ensure that all citizens in Wyoming receive the recommended immunizations. Although CDC focuses on the importance of having 95% of children under the age of six registered in an Immunization Information System, the Immunization Section has committed to ensuring that all individuals in Wyoming have the opportunity to become part of the WyIR.

The Immunization Section will continue to monitor Wyoming Vaccinates Important People (WyVIP) providers to ensure that they are in compliance with vaccine storage and handling policies in order to ensure the safety and viability of all vaccines and reduce the number of re-vaccinations required. As of April 2009, there are 130 WyVIP providers in the state which includes PHN offices and private providers.

The Immunization Section will continue to facilitate Vaccine Advisory Board meetings to ensure that vaccines necessary to protect Wyoming children can be purchased with State Childhood Immunization Act funding. The role of the Vaccine Advisory Board is to advise Immunization Section staff about vaccine expenditures and determine target populations. Members of the Vaccine Advisory Board include the Director of WDH; the Immunization Section Chief; the CDC Public Health Advisor for Wyoming; a public health nurse; a representative from the School Nurse Association, the Wyoming Medical Society, the McKenzie Meningitis Foundation; and the President of the AAP.

During the 2009-2010 biennium, the Immunization Section received $5.9 million to cover vaccine purchases for all children in Wyoming who are not federally qualified.

Immunization folders will be available to PHN staff to use in creating BB educational packets. The folders will be sent out to providers for Immunization Week every April. Information included will be immunization best practice, basic growth and development guidelines, and child safety.

The Immunization Section will continue to distribute updated immunization schedules to WyVIP providers to ensure targeted populations receive the recommended vaccinations.

Provider education is planned to include registry use, new vaccines, vaccine storage and handling, and vaccine distribution. MFH assists with these efforts in conjunction with PHN staff using WyIR.

MFH will continue to emphasize early screening and treatment to increase the child's ability to reach optimum health through promoting EPSDT, commonly known as well-child checks. As part of our effort in promoting the importance of keeping up with age appropriate immunizations in addition to specialty care visits for CSHCN using the periodicity schedule, letters are sent to the

families as a reminder and to encourage follow through.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	16.1	16.1	19	18	17
Annual Indicator	19.4	19.1	17.7	17.7	21.9
Numerator	212	202	192	192	237
Denominator	10926	10579	10873	10873	10839
Data Source					Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	21	21	20	20	19

Notes - 2008
Data reported for 2007 births.

Notes - 2007
Data reported for 2006 births.

Notes - 2006
Data reported for 2006 births.

a. Last Year's Accomplishments
The objective for CY08 was 17.0 births per 1,000 women ages 15 to 17 years. The CY07 observed rate was 21.9 per 1,000. This represents a significant increase from the CY06 rate of 17.7 per 1,000.

MFH provided funding to WHC to expand the availability of family planning clinics within Wyoming. WHC assured access to comprehensive, high quality, voluntary family planning services. The funding included implementation of a preconception health project (PHP) where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

Best Beginnings, a collection of perinatal PHN home visiting services, offers care coordination and the Nurse Family Partnership (NFP) home visiting model to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. Pregnant women were also assisted in filling out applications for the PWP as appropriate, and referred to EqualityCare, and Kid Care CHIP when necessary.

Prenatal classes were offered through PHN offices to address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of

preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH provided financial assistance through the Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs for eligible high-risk mothers and infants who require transport to other states for specialty care, since Wyoming has no tertiary care hospitals. To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits were made to hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD. The message shared was to refer all Wyoming families for MFH services.

PHN offices worked with some local school districts to offer the NFP program to pregnant teens for high school credit, allowing this service to be provided in school or through a home study program. This was accomplished through a crosswalk of the Wyoming Health Content and Performance Standards with the NFP program.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women.

The HBWW project targeted providers to assure women gained adequate weight during pregnancy.

MFH partners with WDE to integrate education about Human Immunodeficiency Virus (HIV), Sexual Transmitted Infection (STI), and pregnancy prevention. Opportunities to educate citizens and policymakers about the importance of a healthy school environment and positive youth development continue through the WDE and MFH partnership.

The Adolescent Health Program Specialist attended the Infant Adoption Training Initiative in January 2008. The training provided information about adoption options available; social, cultural, and personal influences impacting the decision-making process; Wyoming adoption law/procedures; and shared information about community resource and referral options. This training provided the opportunity for future partnerships as work continues to address the issue of teen pregnancy.

The Adolescent Health Program Specialist was invited by the WDE in August 2008, to represent MFH in the development of recommendations for a statewide plan to address the needs of at-risk students, including pregnant teens. Recommendations focus on designing a continuum of services for all students through a tiered model that increases service intensity based on the needs of the individual students considered at-risk.

The Adolescent Health Program Specialist has been a member of the WDE WHSSM Leadership Team. This group makes recommendations and provides technical assistance to school districts based on areas of need. Districts have identified an increase in the number of teen pregnancies, and strategies to address teen pregnancy were discussed at the WHSSM conference in April 2008.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Wyoming Health Council (WHC)				X
2. PHN support services/Tertiary Care Support				X
3. Collaboration with MOD				X
4. Pregnant by Choice (PbC)			X	
5. Healthy Baby is Worth the Weight (HBWW) projec			X	

6. WDE At-Risk Taks Force			X	
7. WHSSM Coordinated School Health Programs			X	
8. PRAMS			X	
9. Translation Services				X
10. MFH Capacity Grants				X

b. Current Activities
MFH continues to partner with and fund WHC to ensure access to family planning and preconception health services by the adolescent population.

Pregnant and postpartum teens are offered services through BB. MFH provides limited financial assistance for accessing specialized care for eligible high-risk mothers and infants.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming. Culturally sensitive information includes the role of the father and importance of accessing preconception and prenatal care. Booklets were distributed through IHS and local county PHN offices to American Indian clients.

HBWW is implemented through PHN offices and other entities having contact with pregnant women to assure providers and pregnant women are aware of the risk of preterm delivery with inadequate weight gain during pregnancy.

The Adolescent Health Program Specialist continues to participate in the development of recommendations for a statewide plan to address the needs of at-risk students.

The Adolescent Health Program Specialist continues to represent MFH as a member of the WDE WHSSM Leadership Team. MFH is participating in the WHSSM conference in April 2009, to share information and resources to district programs in the area of adolescent health and teen pregnancy.

c. Plan for the Coming Year
WHC will assure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics will provide contraceptive supplies on a sliding scale, pregnancy testing, and PHP.

Services currently being offered through the PHN offices include care coordination, HV, prenatal classes and assistance in filling out forms for PWP. The HBWW project will continue to be supported through statewide partners.

PbC is a FP waiver available for postpartum women on the PWP, who continue to reapply annually, as long as EqualityCare-eligible. This waiver will allow women access to birth control methods to support intended pregnancy.

Participation in the WDE At-Risk Task Force will continue to ensure existing MFH programs are identified and understood by all partner agencies and organizations in the continuum of services for at-risk students. This opportunity will increase access and services to pregnant teens, as well as assist in the identification and design of new programs and services to support the individual needs of pregnant teens in Wyoming. Work focuses on designing a continuum of services through a tiered model that increases service intensity based on the needs of the individual student. A multi-agency service model implemented in Colorado is currently being explored as a possible framework for this recommendation.

The Adolescent Health Program Specialist will focus efforts on designing a proposal to offer the NFP home visiting program to pregnant teens statewide for high school credit, allowing this service to be provided in school or through a home study program. This work will be incorporated into the work of the WDE At Risk Task Force and WHSSM program.

Wyoming PRAMS samples will be drawn each month to gather information regarding risk behaviors women engage in before, during and after pregnancy. This will assist the Adolescent Health Program Specialist and the Women and Infant Health Coordinator to identify targeted strategies for the adolescent population.

MFH will continue to partner with WDE to ensure integration of HIV, STI, and pregnancy prevention education.

The Adolescent Health Program Specialist will work with the MFH Women and Infant Health Coordinator to synchronize efforts focusing on pregnant adolescents.

The Adolescent Health Programs Specialist will continue to explore and capitalize on opportunities to partner with other state entities and local communities to address the issue of teen pregnancy in Wyoming.

Translation services will be available through PHN offices to assure minority populations receive the same information related to healthy lifestyle and prenatal care. MFH capacity grants to county PHN offices will support development, delivery, and evaluation of quality MFH services.

The upcoming needs assessment will determine any changes in scope and design of future work relating to teen pregnancy in Wyoming.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	75	75	75	75	75
Annual Indicator	71.3	71.3	71.3	71.3	56.6
Numerator	4411	4411	4411	4411	2788
Denominator	6187	6187	6187	6187	4923
Data Source					2008/2009 Wyoming Third Grade Oral Health Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	56.6	60	60	65	65

Notes - 2008

During school year 2008/2009, an oral health survey, including BMI data was conducted. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey until 2008/2009. The current survey was developed to estimate the percentage of 3rd graders who have received sealants. The sample may be biased due to low response rates.

Notes - 2007
A new survey will be conducted in fall 2008 including BMI data. A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. A new survey is being developed to be conducted in FY2008 to estimate the percentage of 3rd graders who have received sealants. However, the following data are available for state FY 07: The sealant program (MCH, Oral Health Section and Medicaid funded) provided sealants for 3,424 children up to age 19. The number of 3rd graders who received sealants under the Wyoming sealant program was 423.

Notes - 2006
A baseline survey was conducted in 2000 and showed that 71.3% of Wyoming 3rd graders had protective sealants. The dental program has not had the staffing to conduct another survey since then. A new survey is being developed to be conducted in FY2007 to estimate the percent of 3rd graders who have received sealants. However, the following data are available for state FY 06: the Sealant Program (MCH, Oral Health Section and Medicaid funded) provided sealants for 4,959 children up to age 19. The number of 3rd graders who received sealants under the Wyoming sealant program was 556 for FY06.

a. Last Year's Accomplishments
The results of the 2008/2009 Oral Health Survey indicate that 56.6% of Wyoming third graders have dental sealants on at least one permanent molar. Because survey methodology from the 2008/2009 and the 1999 sealant screenings were different, data from 2008/2009 and previous years are not comparable.

The partnership between MFH and OHS provided dental sealants for 82 third graders, who received a total of 261 sealants. OHS also collaborated with MFH on future programs to improve the oral health of Wyoming children and families.

OHS provided preventive services to children through oral health education programs, fluoride mouth rinse programs, dental screenings, and referrals.

OHS worked with EqualityCare to provide fluoride varnish to children ages 6 to 48 months during visits to their primary care physician. In 2008-2009, the number of physician groups participating in this program grew from two to 17. Both physicians and dentists applied fluoride varnish for 1,893 EqualityCare clients' ages 5 to 48 months.

Children not eligible for EqualityCare received treatment through the Severe Crippling Malocclusion Program with State funds. This program provides funding to treat children with a malocclusion severe enough to create a medical necessity for correction. MFH also funded surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

In school year 2007-2008, the Community Oral Health Coordinators (COHC) conducted dental screenings on 3,775 children ages 18 months to 6 years. Of the children screened, 491 were referred for urgent dental care, and 809 were referred for early dental care. There were 1,690 children in this age group that had previous caries experience (fillings or untreated decay) at the time of screening.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Dental screening		X		
2. Equality Care (Medicaid) Dental Program		X		
3. Crippling Malocclusion Program		X		
4. Community Oral Health Coordinators		X		
5. WY Oral Health Coalition				X
6. Dental sealant survey				X
7. Oral Health Study			X	
8. Oral Health Summit				X
9.				
10.				

b. Current Activities

The MFH and OHS collaboration focuses on providing dental sealants for Wyoming children. Work continues with the Wyoming Oral Health Coalition (WOHC) and the Wyoming Dental Association to promote public awareness and ABCD trainings.

OHS continues to provide preventive services to children through oral health education, fluoride mouth rinse programs, dental screenings, and referrals.

OHS, MFH, and CPHD EPI worked together to design and conduct a dental sealant survey. MFH provided funding to conduct a survey of third graders for school year 2008-2009. OHS and EPI received technical assistance from the Association of State and Territorial Dental Directors and used the Basic Screening Survey. Dental hygienists collected data on missing teeth, fillings, decay and the presence of sealants. This survey was completed in May 2009.

OHS hired three new COHC to expand the program to a total of 13 of Wyoming's 23 counties.

The COHC are applying fluoride varnish for children in pre-schools, Head Start, and a few elementary schools. In FY 09, EqualityCare provided dental sealants on both primary second molars and permanent molars for 4,000 clients. OHS funded sealants on permanent molars for 1,607 clients.

Children not eligible for EqualityCare received treatment through the Severe Crippling Malocclusion Program with State funds. MFH funds surgical procedures related to cleft lip/cleft palate repair and facial anomalies for eligible clients.

c. Plan for the Coming Year

Through funding appropriated by the 2009 Wyoming State Legislature, a study will be conducted to determine the prevalence and severity of oral disease in Wyoming, and to assess the oral health needs of Wyoming citizens. This will include an oral health screening for children focusing on decayed, missing, filled, and sealed teeth. Local dentists will volunteer to participate in some communities, and the COHC will assist with coordination and screening in other communities. The Oral Health Section will work with the CPHD Epidemiology Section to design a written survey for adults.

Through funding from MFH, the Wyoming Oral Health Coalition will sponsor a statewide Oral Health Summit in July 2009. This summit will focus on the benefits of water fluoridation. A round table discussion format will facilitate discussion of key oral health issues in Wyoming. Topics will include the role of the primary care provider in oral health, access and manpower, and dental services for the elderly and CSHCN. OHS will use a portion of the funding to provide additional

training opportunities to dentists and physicians focusing on fluoride varnishes and management skills for young children. Location of these training opportunities will be chosen based on level of participation at the Oral Health Summit.

Due to the increase in coverage for dental sealants by other third-party payers, the demand for placement of sealants from OHS has decreased. OHS is researching other preventative measures that can be provided to children at high risk for dental caries through this funding. Consideration will be given to moving dental sealant funds to purchase additional fluoride varnishes.

Collaboration between MFH and OHS will continue, focusing on the oral health of Wyoming children and families.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	6	5.5	6.5	6.4	4.5
Annual Indicator	9.3	7.0	4.9	4.9	4.8
Numerator	27	20	14	14	14
Denominator	290140	283859	286385	286385	294462
Data Source					Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	4.5	4	4	3.5	3.5

Notes - 2008
Data provided as three-year rolling rates (2005-2007) due to small numbers.

Notes - 2007
Data provided as three-year rolling rates (2004-2006) due to small numbers.

Notes - 2006
Data provided as three-year rolling rates (2004-2006) due to small numbers.

a. Last Year's Accomplishments
The 2008 objective was 4.5 deaths per 100,000 children aged 14 years and younger. The average rate for 2005 to 2007 was 4.8. This does not represent a statistically significant change from 4.9 (2004-2006). Three-year averages were utilized due to the small number of annual deaths.

MFH has been the lead State agency for Safe Kids Worldwide (SKWW) in Wyoming and has contracted with CRMC to maintain the Safe Kids Wyoming (SKW) State office. This program is focused on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities are reported to the state office monthly and reviewed by the SKW leadership team on a quarterly basis.

MFH has been supportive of the SKWW change in the structure of the state coalition to the State office-based model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. This change was initially discussed at the SKW coordinator meeting held in July 2008, with plans to work toward the change by summer, 2009.

MFH served on the Safe Kids Leadership Team to provide financial and programmatic support to statewide efforts of the State office and local chapters of SKW. MFH funding was used to support seatbelt safety message billboards across the state and to purchase infant, preemie, and special needs car seats.

Training for Safe Kids chapter coordinators was held in July 2008 and focused on SKWW activities, changes relating to the State office model, grant writing to secure local funding, child passenger safety programs, the Alive at 25 program, and leadership team information sharing.

MFH and the SKW Program Coordinator both served on the Governor's Council on Impaired Driving to improve alcohol prevention policy and legislation focused on the parents and caregivers of young children.

MFH provided capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services. PHN staff in some county offices have been involved in local SKW chapters and certified as child passenger safety technicians to increase manpower needed to support SKW efforts at the local level.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Safe Kids Wyoming (SKW)				X
2. SKW Coordinator Conference				X
3. Governor's Council on Impaired Driving				X
4. MFH Capacity Grants				X
5. Child Passenger Safety Training			X	
6. Wyoming Seatbelt Coalition				X
7.				
8.				
9.				
10.				

b. Current Activities

MFH is supporting the SKWW change in the structure of the state coalition to the state office based model. Four chapters have completed the Coalition Performance Assessment tool to evaluate their status in moving from a chapter to a coalition.

The SKW action plan for 2008-2009 identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. This is being addressed through supporting enforcement of child restraint laws. Educational opportunities are offered for law enforcement offices in counties

without a Safe Kids chapter. Child passenger safety certification classes are held to increase and maintain the number of certified technicians throughout the state. The goal to increase seatbelt and child restraint usage in Wyoming is addressed through funded billboards in strategic locations throughout the state and collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

MFH provides capacity grants to PHN offices to assist communities in development, delivery, and quality evaluation of services and supports PHN staff involvement in local SKW chapter and coalition activities.

c. Plan for the Coming Year

MFH and SKW will continue to support local chapters and coalitions with the goal to reduce child and adolescent deaths caused by motor vehicle crashes through targeted efforts. MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators. MFH will participate in the annual coordinator's conference scheduled for June 2009.

MFH will continue to support the changeover efforts of local SKW chapters to coalitions as identified in the SKWW restructuring plan.

MFH and SKW will continue to be represented on the Governor's Council on Impaired Driving to advocate for children's safety issues through the work of that group.

MFH will continue to provide capacity grants to county PHN offices to assist communities in the development, delivery, and quality evaluation of services to support local SKW chapter and coalition efforts.

The upcoming needs assessment will determine any change in scope and design of future work relating to motor vehicle deaths among young children in Wyoming.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective		45	46	47	44
Annual Indicator	43.6	45.0	42.9	42.9	46.6
Numerator	6518	7248	2918	2918	3370
Denominator	14949	16106	6803	6803	7231
Data Source					National Immunization Survey
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the					

last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	47	48	49	50	51

Notes - 2008
The National Immunization Survey now reports breastfeeding percentage based on the year of birth as of 2004. The denominator is the number of live births in 2005. The numerator is estimated using the percentage reported by NIS for the 2005 survey.

Notes - 2007
The National Immunization Survey now reports breastfeeding percentage based on the year of birth. 2004 is the most recent year available. 2001-2003 indicators were corrected to this methodology by NIS and are as follows: 2001 (42.7%), 2002 (44.4%), 2003 (42.1%). The denominator is the number of live births in 2004. The numerator is estimated using the percentage reported by NIS for the 2004 survey.

Notes - 2006
The National Immunization Survey now reports breastfeeding percentage based on the year of birth. 2004 is the most recent year available. 2001-2003 indicators were corrected to this methodology by NIS and are as follows: 2001 (42.7%), 2002 (44.4%), 2003 (42.1%). The denominator is the number of live births in 2004. The numerator is estimated using the percentage reported by NIS for the 2004 survey.

a. Last Year's Accomplishments
The 2008 objective for mothers who breastfeed their infants at six months of age was 44%. Wyoming met this objective in 2008 with 46.6% of mothers breastfeeding their infants at six months of age. This is a statistically significant increase from 42.9% in 2007.

Perinatal support services through PHN offices, including the NFP home visitation model, offered breastfeeding education and support. Certified Lactation Counselor (CLC)-trained PHN staff encouraged and supported initiation and continuation of breastfeeding.

Breast pumps were available through some PHN offices to supplement WIC breast pump rental. EqualityCare recipient access to breast pumps is supported at the local and state level. Baby scales were available to assist PHN staff in reassuring moms of breastfeeding success, demonstrating the amount of breast milk infants received during a breastfeeding session.

Healthy Children Project (HCP) provided CLC training in April, with 10 PHNs becoming certified. MFH offered workshops in Powell, Torrington, and Cheyenne on community support of breastfeeding. Fifty-nine individuals participated in the workshops, including PHN and WIC nurses and support staff, clinical nurses, and other community partners. A webcast was co-sponsored by MFH and WIC, "Transitioning the Premature Baby from the Hospital to the Community: The Role of Public Health Home Visits," at no cost for attendees. The 22 participants included nurses from a local Air Force base, which has a home visiting program, clinical nurses, and state and county level PHN staff.

There have been intermittent discussions on the feasibility of a Breastfeeding Support in the Workplace (BSW) project. The CPHD Administrator established and chaired monthly BSW meetings to determine a workable plan to establish a BSW project within the CPHD.

The CPHD Epidemiology Section and MFH co-managed the Wyoming PRAMS project. PRAMS data provided current information related to breastfeeding in Wyoming, including barriers to initiation and continuation of breastfeeding.

The Wyoming MOD chapter created an onsite Nursing Module Library, which included all of the 26 modules nurses not available on the MOD website. Nurses can request the modules for self-study and obtain contact hours for unit completion. Examples included "Breastfeeding the Healthy Newborn" and "Breastfeeding the Infant with Special Needs."

Coming of the Blessing, a Pathway to a Healthy Pregnancy, is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region. Twelve tribes were included on the planning committee, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of breastfeeding. Booklets were distributed through IHS and local county PHN offices to American Indian clients.

Copies of the fact sheet, Infant Nutrition during a Disaster: Breastfeeding and Other Options, from the American Academy of Pediatrics (AAP), were provided to PHN offices to assist perinatal clients on strategies in times of crisis.

The 30th Annual Perinatal Update was held in October in Denver, CO. MFH provided 10 PHN registration scholarships. One presentation was on barriers encountered when moms make a decision to breastfeed infants who are in the Newborn Intensive Care Unit (NICU) and how to assist and support those moms. Evaluations consistently rated the conference very good to excellent.

Two PHN staff certified as Happiest Baby on the Block (THB) trainers presented principles of the program at the annual MFH meeting, including lessons learned in providing community classes. An identified barrier was lack of funding to purchase parent kits for distribution at each class. MFH provided funding for 21 more nurses to become trained, and included at least 10 parent kits for all trained nurses.

The Happiest Baby on the Block approach has several program goals, including improvement of breastfeeding rates. The approach was being taught to parents throughout the country, since crying babies can lead to poor let down of milk. This can increase stress, leading to poor milk production. Moms can begin to resent breastfeeding when that is the only solution to calm a crying baby. Thus, crying and fussiness can lead the dad and family members to pressure the mom to stop nursing. Other goals of THB include improvement of paternal bonding and participation of the dad, which is linked to a decrease in Shaken Baby Syndrome.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Parent education, outreach, and support		X		
2. WIC/Healthy Children Project collaboration				X
3. Breastfeeding Support in the workplace (BSW)				X
4. Breastfeeding Coalition/Task Force				X
5. PRAMS			X	
6. Professional education/MOD collaboration				X
7. AAP/Happiest Baby on the Block				X
8. Promote American Indian health			X	
9. MFH Capacity Grants				X
10. Translation Services		X		

b. Current Activities

MFH offered Advanced Lactation Counseling training in March 2009, and provided 10 PHN registration scholarships. Nurses who had previously been certified as a CLC were eligible for

the weeklong class, which included time with mother-baby dyads who experienced various barriers to breastfeeding. The students were tasked with making suggestions for nursing success. The attendees also included WIC staff and clinical nurses from Wyoming and other states.

MFH contracted with HCP to provide "…Recent Research and Best Practices," and "…Encourage Breastfeeding in Your Community and Make It a Successful Experience" workshops. Nineteen PHN staff, 10 WIC staff, and 12 clinical nurses from local hospitals were in attendance. All evaluations rated the workshops as excellent.

A Mother's Breastfeeding Room (MBR) was set up in one of the State office buildings in Cheyenne, to accommodate three breastfeeding employees to pump breast milk at the workplace.

The 31st Annual Perinatal Update was held in October in Fort Collins, CO. MFH provided 10 PHN registration scholarships.

Coming of the Blessing booklets will continue to be distributed to clients on the WRR.

At the 2008 Annual MFH Meeting, Dr. Harvey Karp presented operational aspects of THB and Happiest Toddler on the Block programs. MFH funded 100 certification kits and 1,000 parent kits. Certification kits were also provided to Foster Care Coordinators throughout the state.

c. Plan for the Coming Year

Perinatal support services through PHN offices, including the NFP home visitation model, will offer breastfeeding education and support. Certified Lactation Counselor (CLC)-trained PHN staff will encourage and support initiation and continuation of breastfeeding. Baby scales will be available to assure moms of breastfeeding success. WIC collaboration will continue in support of breastfeeding initiation and continuation, by renting breast pumps to moms, with EqualityCare continuing to reimburse eligible clients for breast pump rental.

Healthy Children Project will provide a CLC class in spring 2010. IHS nurses will continue to be informed of the CLC opportunities to support breastfeeding on the WRR. A proposal is being compiled to present to the WDH Management Council to approve the BSW project. The hope is that it will begin in CPHD and eventually become a WDH program, with WDH leading the promotion of supporting breastfeeding in the workplace.

The first organizational meeting of the Wyoming Breastfeeding Coalition was held in mid-2009. The first stakeholder meeting is scheduled for September 2009, which will bring together state as well as private entities who have an interest in supporting and promoting breastfeeding within the state.

Sheridan County is working to form a Breastfeeding Task Force with the goal of creating a baby-friendly Mother-Baby Unit in the local hospital. Many of the PHN and clinical staff in that community are Certified Lactation Counselors. MFH will continue to provide supportive breastfeeding materials as requested to encourage and educate the Task Force participants.

The 32nd Perinatal Update Conference will be held in October 2009, in Laramie, Wyoming. MFH will continue to participate on the planning committee to assure the most current EBP is available to Wyoming nurses who attend. MFH will provide limited financial assistance and planning of the conference, in partnership with TCH in Denver, CO; Ivinson Memorial Hospital; University of Wyoming School of Nursing in Laramie, Wyoming; and PVH in Fort Collins, CO.

MOD will continue to fund the "Cub House" project in Wyoming and will locate them in several

other communities throughout the state. Low-income parents will be able to purchase breastfeeding supportive items with credit received from attending scheduled provider visits.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum and the importance of breastfeeding.

MFH will offer capacity grants to PHN offices to increase their capacity to assist communities in development, delivery, and evaluation of MFH services, including support of breastfeeding.

Translation services will be available for prenatal and breastfeeding classes as requested.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	99	99	99	97	97
Annual Indicator	98.1	96.9	96.2	96.4	97.6
Numerator	6206	6540	6927	7046	7262
Denominator	6326	6746	7200	7310	7438
Data Source					Wyoming Newborn Hearing program/ Wyoming Vital Rec
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	98	98.5	98.5	99	99

Notes - 2008
This data is from 2008 Wyoming births with occurrent births as the denominator.

Notes - 2007
This data is from 2007 Wyoming births with occurrent births as the denominator.

Notes - 2006
This data is from 2007 Wyoming births with occurrent births as the denominator.

a. Last Year's Accomplishments
The CY2008 objective of 97.0 was met. The percentage of newborns screened for hearing before hospital discharge in 2008 was 97.6%. This is a statistically significant change from 96.4% in 2007. The percentage of newborns screened has consistently increased since 2005.

Legislation mandating that all children have their hearing screened at the time of birth before

being discharged from the hospital became effective in Wyoming on April 1, 1999.
Currently there are 21 birthing hospitals in Wyoming. Each of these hospitals participated in the Early Hearing Screening Detection and Intervention (EHDI) program and has equipment available on site to perform newborn hearing screening.

MFH and EHDI continued to coordinate and educate Wyoming providers and tertiary care facility staff on the importance of newborn hearing and metabolic screenings and referrals for patients.

MFH and EHDI continued to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations.

EHDI's tracking system ensured infants born in Wyoming received a hearing screen or had a signed waiver.

Vital Statistics Services, EHDI, and Newborn Metabolic Screening collaborated to enhance the quality of screening reports. As of January 2006, birth certificates are submitted electronically allowing for timelier reports. These reports include infant gender and multiple birth status. MFH collaborated with Vital Statistics Services to obtain death records of infants, decreasing the number of deceased infants tracked for missing screens. Computer linkage of Vital Statistics Services and newborn hearing screening results is expected in late 2009.

Starting in July 2007, legislation passed allowing for EHDI to bill hospitals for hearing screening. These funds are used to replace screening equipment at Wyoming hospitals as needed.

The CSHCN Program Manager participated as a member of the EHDI Advisory Board.

MFH received an SSDI Grant to develop a birth defects surveillance plan for Wyoming and to link data between Vital Statistics Services, EHDI, and newborn metabolic screening.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. EHDI			X	
2. Vital Statistics Services				X
3. Support Data Systems				X
4. WY Genetic Counseling Services				X
5. Transportation/Translation Services		X		
6. MFH Capacity Grant				X
7. Birth Defects Surveillance Plan				X
8.				
9.				
10.				

b. Current Activities
MFH, PHN, EqualityCare, and EHDI/Part C staff continues to coordinate and educate tertiary care facility staff in line with WDH mandates to ensure referral of Wyoming families to applicable programs.

MFH and EHDI continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations.

EHDI's tracking system ensures infants born in Wyoming received a hearing screen or had a waiver signed.

EHDI, MFH, PHN, and APS assure hearing screens are completed for infants hospitalized out of state. Referrals are made for infants not screened prior to hospital discharge.

Vital Statistics Services, Newborn Hearing, and Metabolic Screening continue to collaborate to enhance the quality of newborn screening reports. Vital Statistics Services will educate birth hospitals on correct reporting of newborn screening results on birth certificates. Computer linkage of Vital Statistics Services, newborn hearing screening results, and newborn metabolic screening results is expected in late 2009.

Transportation and translation services are available for families who qualify for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics.

EHDI provides educational workshops on hearing screening for Wyoming providers.

CSHCN Interim Program Manager participates as a member of the EHDI Advisory Board.

c. Plan for the Coming Year

The legislation mandating newborn hearing screening was amended in 2009 to include a mandate for EHDI to provide parent education on the testing procedures and the consequences of treatment or non-treatment.

MFH, PHN, EqualityCare, and EHDI/Part C staff will continue to coordinate and educate tertiary care facility staff to ensure referral of Wyoming families to all applicable programs.

MFH and EHDI will continue to refer families of individuals with hearing loss to DDD/Child Development Centers for audiology or genetic evaluations.

EHDI's tracking system will ensure infants born in Wyoming receive a hearing screen or have a signed waiver.

EHDI, MFH, PHN, and APS will assure hearing screens are completed for infants hospitalized out of state. Referrals will be made for infants not screened prior to discharge.

MFH will continue to bill providers for newborn hearing screening on behalf of DDD.

MFH Capacity Grants will continue to fund PHN perinatal services, which include, providing information to families relating to the importance of all newborn screens.

MFH staff will continue to participate on the EHDI Advisory Board.

MFH will use SSDI funding to develop a state birth defects surveillance plan for Wyoming in 2009. Transportation and translation services will be available for families who qualify for MFH and EqualityCare programs to assist in obtaining additional screenings or to attend genetic/metabolic specialty clinics.

EHDI will continue provide educational workshops on hearing screenings for Wyoming providers as needed.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	10	9	9	10.5	8
Annual Indicator	9.7	12.3	8.2	8.2	9.2
Numerator	11342	14061	9987	9987	11488
Denominator	116932	114321	121794	121794	125365
Data Source					United States Census Bureau Table H105
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	9	9	8.5	8.5	8.3

Notes - 2008
Indicator from 2007 US Census data.

Notes - 2007
Indicator from 2006 US Census data.

Notes - 2006
Indicator from 2006 US Census data.

a. Last Year's Accomplishments
The objective for 2008 was to reduce the percent of children without health insurance to 8.0%. This objective was not met. In 2007, 9.2% of Wyoming children less than 18 years of age were without health insurance. This represents a statistically significant increase from 8.2% in 2006.

MFH participated on the ECCS committee to promote insurance coverage for the children.

Wyoming Genetic Counseling Services allowed individuals who did not have insurance or inadequate insurance to be seen for consultation at no cost.

MFH participated on the Governor's Planning Council on Development Disabilities in order to streamline services for CSHCN.

OHS participated on the Kid Care CHIP Coordination Committee to address dental needs.

Wyoming Health Insurance Program continued to be available for families to purchase insurance for their child who has a pre-existing condition.

Families were required to apply, utilizing the same application, for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This allowed families to have more comprehensive healthcare coverage.

Families that applied for EqualityCare and Kid Care CHIP who had a CSHCN were offered a

referral to MFH. Referrals continued to be shared amongst WDH programs and associated entities.

MFH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage was continued.

MFH and Kid Care CHIP provided outreach and education throughout the state. MFH, PHN, EqualityCare, and Part C staff coordinated and educated tertiary care facility staff ensuring Wyoming families were referred to WDH programs.

Transportation and translation services for MFH clients continued. MFH and EqualityCare partnered to implement a policy for translation service reimbursement. Capacity Grants to Wyoming counties continued to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

To help identify and enroll children eligible for the Kid Care CHIP program, the "Healthy Kids, Healthy Communities" initiative has partnered Wyoming cities, towns and municipalities with Kid Care CHIP, Blue Cross Blue Shield, and Delta Dental to find and enroll eligible children into the program. Under this initiative, program partners can be involved at three different levels: sharing program information; assisting in completion of program applications; and/or serving as an enrollment site, which includes the above activities as well as sending completed applications directly to the Kid Care CHIP program.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. EqualityCare/SCHIP Application			X	
2. ECCS				X
3. SCHIP Coordination Committee				X
4. WY Health Insurance Program (WHIP)			X	X
5. Education of Providers/Families/Communities		X		
6. Translation/Transportation Services				X
7. MFH Capacity Grant				
8.				
9.				
10.				

b. Current Activities

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. Families who have a CSHCN are offered a referral to MFH programs to determine eligibility for MFH services. Referrals continue to be shared amongst APS, SCHIP, DFS, and MFH.

Genetic Counseling Services allows individuals who do not have insurance or inadequate insurance to be seen for consultation at no charge.

MFH and PHN staff followed-up with families who needed to reapply for WDH programs, assuring healthcare coverage was continued.

Teen CHIP -- "Be Happy, Be Healthy, Be You" is part of the State's Kid Care CHIP program focused on teens and teen health. The website was launched in December 2008 to help teens have fun while they learn about their health.

The Wyoming State Legislature considered proposed Kid Care CHIP legislation in January 2009 to increase the maximum family income level for program eligibility, removing the requirements of federal approval and federal funding for participation of parents and guardians in the program, and authorizing families or guardians with higher incomes to buy program coverage for their children. This legislation did not pass and as a result, the potential for increased Kid Care CHIP eligibility is down.

c. Plan for the Coming Year

MFH will provide services that Kid Care CHIP does not provide, such as hearing aids, transportation, translation, and Level III care for newborns not eligible for SCHIP services during the first month of age.

MFH staff will access EqualityCare's EPICS system. This allows MFH staff to streamline the application process for CSH services for dual-eligible clients. Information will be shared amongst collaborating agencies to ensure healthcare coverage continues.

Genetic Counseling Services will continue to allow individuals who do not have insurance or inadequate insurance to be seen for consultation at no cost.

MFH will participate on the Governor's Planning Council on Development Disabilities in order to streamline services for CSHCN.

OHS will participate on the Kid Care CHIP Coordination Committee to address dental needs of the MFH population.

WY Health Insurance Program continues to be available for families to purchase insurance for their child who has a pre-existing condition.

Families will be required to apply, utilizing the same application, for EqualityCare and Kid Care CHIP prior to eligibility determination for MFH services. This will allow families to have more comprehensive healthcare coverage.

Families that applied for EqualityCare and Kid Care CHIP who have a CSHCN will be offered referral to MFH services. Referrals will be shared amongst WDH programs and associated entities.

MFH and PHN staff will follow up with families who need to reapply for WDH programs, assuring healthcare coverage is continued.

MFH will participate with Kid Care CHIP in networking with communities throughout the state, allowing Wyoming citizens to be informed about MFH and EqualityCare programs that are available.

Capacity Grants to Wyoming counties continue to provide funding for PHN staff to assist families who qualify for MFH services in obtaining needed care and referrals to appropriate community resources.

Transportation and translation services for eligible MFH clients will continue to be provided.

MFH, PHN, EqualityCare, and Part C staff will continue to coordinate and educate tertiary care facilities to ensure Wyoming families are referred to WDH programs.

The Adolescent Health Program Specialist will work with the Kid Care CHIP program to identify specific ways that MFH can support the Teen CHIP program.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			23	22	19
Annual Indicator	23.2	22.5	19.5	19.5	32.9
Numerator	1191	1191	1141	1141	1889
Denominator	5135	5292	5850	5850	5747
Data Source					Wyoming WIC Program Data
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	32	30	29	28	27

Notes - 2008
Data was not available from PedNss, so data was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2007
Data was not available from PedNss, so was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

Notes - 2006
Data was not available from PedNss so was collected directly from the Wyoming WIC program. The Wyoming WIC program collects data for children with a BMI >95th percentile.

a. Last Year's Accomplishments
The 2008 objective was to reduce the number of children ages 2 to 5years with a Body Mass Index (BMI) at or above the 95th percentile who were receiving WIC services to 19%. This objective was not met in 2008 with 32.9% of children ages 2 to 5 years with a Body Mass Index (BMI) at or above the 95th percentile. This represents a statistically significant increase from the 2007 percentage of 19.5%.

The availability of care coordination and the NFP home visiting model was offered to pregnant women and families as a best practice strategy. The NFP home visiting model provided support to first time moms during and after pregnancy, until the second birthday of the infant. This includes infant and child nutrition education.

WIC screened all children ages 2 to 5 years for weight, length (height) and body mass index (BMI). A variety of nutrition and health questions were asked of the parent to identify patterns in nutrition/health practices and lifestyle behaviors that may lead to adverse health outcomes. During the WIC certification and follow-up appointments, nutritionists and nurses identified infants

and children at risk for overweight (>85%) or children who were overweight (>95%). Once a child was identified as falling into one of these risk categories, answers to the nutrition/ health questions were reviewed to design a nutritional intervention plan. The nutritionist reviewed the child/family eating practices and discussed basic nutritional concepts. These ideas included the Food Guide Pyramid, a discussion of what foods came into the house, timing of meals/snacks, what was offered, how much and the types of food consumed, where foods were consumed (at the table vs. snacking), a discussion of current physical activity patterns, and the nutritional needs of a growing child. The parent was asked to set a goal for the child, such as less TV time, more physical activity, eating more fruit/vegetables, focus on non fat or low fat dairy products, limiting concentrated sweets like juice, and junk foods, and appropriate portion sizes. During follow-up appointments, a review of the goal was discussed, and revised, or a new more client-friendly goal was set.

MFH collaborated with WIC to assure EBP educational opportunities are available to address childhood obesity, including videotapes that run continuously in some WIC office waiting rooms.

PHN referred families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH encouraged PHN staff to take advantage of all opportunities to educate providers on the process of referring children to WIC when at or above the 85th BMI percentile. Examples included local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

MFH provided capacity grants to PHN offices to increase capacity for communities to deliver and sustain services.

Translation services were available through PHN offices to assure minority populations receive the same information related to healthy lifestyle.

WDH promoted health in Wyoming families through the Commit to Your Health campaign.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Care coordination services			X	
2. WIC collaboration				X
3. Cent$ible Nutrition referral				X
4. Provider education				X
5. MFH Capacity Grants				X
6. Translation Services		X		
7.				
8.				
9.				
10.				

b. Current Activities

The availability of care coordination and the NFP home visiting model is offered to pregnant women and families as a best practice strategy.

MFH and PHN staff collaborates with WIC to refer families when care coordination reveals a child under the age of 5 with a BMI at or above the 85th percentile.

PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions.

MFH provides capacity grants to PHN offices to increase capacity for communities to deliver and sustain services.

In March 2008, MFH wrote a letter of support on behalf of the state based Nutrition, Physical Activity, and Obesity Program for Wyoming. If the proposal is accepted, this is an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for children, youth, and families, and help build infrastructure to support these needed changes.

c. Plan for the Coming Year

Care coordination and the NFP HV model will be offered to pregnant women, specifically first time moms.

PHN staff will collaborate with WIC to refer families when care coordination reveals a child under the age of 5 with a BMI at or above the 85th percentile.

WIC screens all children ages 2-5 years for weight, length (height) and Body Mass Index (BMI). Nutritional and health questions will be asked of the parent to identify patterns in nutrition/health practices. Nutritionists and nurses will identify children at risk for overweight (>85%) or children who were overweight (>95%). Once a child is identified as falling into one of these risk categories, answers to the nutrition/ health questions will be reviewed to design a nutritional intervention plan.

PHN will refer families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH will continue to encourage PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile, such as local health fairs, early intervention councils, community advisory boards, and healthcare provider coalitions.

If the proposal is accepted, MFH will participate in the planning and implementation of a state based Nutrition, Physical Activity, and Obesity Program for Wyoming. This will be an opportunity to influence youth in making healthy lifestyle choices, influence policies that may change environments for children, youth, and families, and help build infrastructure to support these needed changes.

The Child and Adolescent Health Specialist will explore opportunities to partner with stakeholders to address the issue of childhood obesity in Wyoming. MFH will work with the "WY Outside" Initiative serving as the mechanism for communication and coordination among involved agencies to support the overall health and well-being of youth and their families. The vision is to foster the mind, body, and spirit of youth and families by inspiring a long-term appreciation of the Wyoming outdoors through education, interaction, and adventure. This group includes representation from Wyoming State Parks and Cultural Resources, National Parks Services, United States Forest Service, United States Fish and Wildlife Service, Bureau of Land Management, Game and Fish Service, Wyoming Ag in the Classroom, Wyoming Tourism, and

Wyoming Recreation and Parks Association. The focus for the work of this group will include those who reside in Wyoming as well as those who visit the state. The first steps identified are to move forward to increase awareness and support of various projects undertaken by the involved agencies and incorporate support into all programs that work with youth and families. It is the goal within MFH to collaborate in the work of the WY Outside Initiative to support the needs of children and adolescents as they related to physical activity and nutrition.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			16.5	16.2	15
Annual Indicator	16.7		15.3	15.3	17.9
Numerator	1136		1106	1106	1402
Denominator	6803		7231	7231	7832
Data Source					Wyoming Pregnancy Risk Assessment Monitoring Sys
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	17	16.5	16.5	16	16

Notes - 2008
Indicator data are from the 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from previous years may not be comparable.

Notes - 2007
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2006
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

a. Last Year's Accomplishments
Indicator data are from the 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. Data from previous years may not be comparable. The objective for 2008 was to reduce the percentage of women who report smoking in the last three months of pregnancy to 15.0%. This objective was not met. In 2007, 17.9% of women reported smoking during the last three months of pregnancy.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral for smoking cessation, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH supplemented Title X funding to WHC, expanding the availability of FPCs within Wyoming, and providing a repository for family planning data. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. Pregnancy testing and smoking cessation referral are also provided.

MFH funded PHP where women who have a negative pregnancy test in a FPC will receive a packet, including materials to encourage smoking cessation prior to pregnancy.

MFH supplemented federal funds to expand the Migrant Health Program within Wyoming, to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Prenatal classes were offered through PHN offices on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women from six weeks to one year.

MFH coordinated with MHSASD utilizing Tobacco Settlement funds to present a "5As for Pregnant Women" workshop. March of Dimes (MOD) paid per diem and lodging for PHN staff to attend the CEU-approved training. As a result, trained staff were better equipped to provide support to pregnant women and their families who chose to quit smoking before or during pregnancy. Additionally, several brochures were purchased through the Wyoming Quit Tobacco program for PHN use with pregnant women and their families. Examples are "Pregnancy and Second-hand Smoke," "Second-hand Smoke and Children," "Give a Gift to Your Baby," and "What Goes in You Goes in Your Baby."

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD chapter office created a Nursing Module Library, which included all of the 26 nursing modules not available on the MOD website. Nurses can access the modules for self-study and obtain contact hours for unit completion. Examples include "Abuse During Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

Coming of the Blessing, a Pathway to a Healthy Pregnancy, is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of not smoking before or during pregnancy. Booklets were distributed through IHS and local county PHN offices to American Indian clients.

Wyoming was awarded a PRAMS grant to survey postpartum women about their experiences before, during, and after pregnancy. Questions about maternal tobacco use before, during, and after pregnancy were included, as well as questions on how providers presented the need to quit smoking for optimal health of the infant.

MFH assisted with planning for the 30th Annual Perinatal Update conference, which was held in October. EBP presentations include "Substance Abuse in Pregnancy and It's Effect on Families," "Maternal and Newborn Addiction: Collaborative Community Efforts," and "Identification of Newborn Addiction."

IHS continued to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices including support and referral for smoking cessation.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP, and MHP			X	
2. Perinatal education, referral and support			X	
3. Collaborate with other state agencies				X
4. MOD collaboration			X	
5. PRAMS			X	
6. Professional education				X
7. Women's Health Needs Assessment				X
8. Promote American Indian health				X
9. MFH Capacity Grants				X
10. Translation Services		X		

b. Current Activities

MFH provides funding to supplement federal funds received through WHC to provide FP and PHP throughout the state.

Care coordination and the NFP home visiting model are offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes are offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Wyoming PRAMS surveys are sent out to postpartum women each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future perinatal policy and program revision and development.

The Women's Health Needs Assessment is in the process of being finalized. The results will be used to plan policy and programs for women, such as smoking cessation and healthy lifestyle promotion.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services.

IHS continues to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation. Coming of the Blessing booklets, which discourage smoking during pregnancy, will continue to be distributed.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year

MFH will supplement Title X funds to expand the availability of FPCs and PHP. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics will provide contraceptive supplies and pregnancy testing on a sliding fee scale to assist families in planning an intended pregnancy. Women who have a negative pregnancy test in a WY FPC will receive a preconception packet, which includes

educational materials related to risks associated with tobacco use during pregnancy.

MFH will supplement the federal Migrant Health Program to expand services available. The MHP will provide PHP translation and prenatal service support for migrant and seasonal farm workers.

Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in their pregnancy and will assist pregnant women in applying for PWP as appropriate, with necessary referrals made to Kid Care CHIP.

MFH will continue to collaborate with EqualityCare to enhance the referral system for pregnant women, increasing the percentage of women who access services and are offered care coordination.

PbC is a Wyoming waiver program to extend family planning services for EqualityCare-eligible postpartum women from six weeks to one year. A woman must be on the PWP to apply for the PbC program, and continue to reapply annually, as long as she is EqualityCare-eligible. This waiver will allow women continued support for tobacco cessation.

MFH will continue to support the MOD Prematurity Campaign by participating in the Program Services Committee at the state, regional, and national level. PHN staff will be reminded to access the MOD Nursing modules for continuing education credits.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the father's role and the risks of smoking before and during pregnancy. Booklets will be distributed through IHS and local county PHN offices to American Indian clients.

Wyoming PRAMS surveys will continue to gather information regarding risk behaviors women engage in related to pregnancy, including smoking tobacco.

MFH will continue to participate on planning committees for several conferences to ensure EBP related to PHN practice will be included on the agenda.

IHS will deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation and distribution of the Coming of the Blessing booklets.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	13.5	13.5	15	17	13.5
Annual Indicator	15.0	17.1	14.0	14.0	15.1
Numerator	18	20	16	16	17
Denominator	120242	117279	114371	114371	112399
Data Source					Wyoming Vital Statistics Services
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	13.5	13.5	13	13	13

Notes - 2008
Due to numerators <20, data are reported as three-year rates (2005-2007).

Notes - 2007
Due to numerators <20, data are reported as three-year rates (2003-2005).

Notes - 2006
Due to numerators <20, data are reported as three-year rates (2003-2005).

a. Last Year's Accomplishments
The objective for CY08 was 13.5 suicide deaths per 100,000 teenagers 15 to 19 years of age. The rate for 2005 to 2007 was 15.1 per 100,000. This does not represent a statistically significant change from 14.0 for 2004 to 2006. Three-year rates were used to improve data reliability in measuring this performance measure due to small numbers of annual suicide deaths.

The Adolescent Health Program Specialist represented MFH on the Wyoming Youth Suicide Prevention Advisory Council. This Council provides advice and consultation in the development, implementation, and evaluation of goals of the Youth Suicide Prevention Initiative, which is to reduce suicidal behavior among youth ages 10 to 24 years. Components of the initiative include funding and support for community-based and school-based youth suicide programs; sponsoring conferences and training related to youth suicide prevention; designing, implementing and evaluating a statewide social marketing campaign; and establishing and supporting the Wind River Indian Suicide Prevention, Intervention, Referral, and Education (INSPIRE) Initiative.

One component of the Youth Suicide Prevention Initiative is "Well Aware," designed to inform education leaders and policy influencers about the link between emotional well being and academic achievement. The program includes an online and printed quarterly bulletin for school leaders, including school board members, superintendents, principals, and central office administration. The first issue of "Well Aware" was distributed in October 2008, and sent to more than 5,000 Wyoming education leaders.

Another component of the Youth Suicide Prevention Initiative is the interactive youth-centered website www.amillionmilesfromanywhere.com. One of the events showcased on the website is the "One Minute Rage Car Smash," which provided the opportunity for more than 200 youth to vent their anger and frustrations by pummeling a car with a 10 pound sledgehammer. This is part of the social-marketing campaign focusing on youth suicide prevention.

The Adolescent Health Program Specialist participated in a "Safe Schools for All" workshop in May 2008 that focused on school safety issues facing sexual minority youth, youth with sexual minority parents, straight youth, and youth who are perceived to be gay. The workshop addressed the individual and group safety needs facing sexual minority youth in their schools and communities. The workshop included a presentation and discussion focusing on the vulnerability to suicidal behaviors among sexual minority youth.

The Adolescent Health Program Specialist worked with WDE and became involved in the Sexual

Minority Youth Advocates Task Force. The mission for the group was to intentionally respond to the dynamic needs of sexual minority youth in Wyoming. Initial identified tasks for this group were to work toward implementation of sexual orientation policies in all schools and to make the "Safe Schools for All" training available statewide.

The Adolescent Health Program Specialist has represented MFH on the Wyoming Healthy Student Success Model (WHSSM) Leadership Team. This group makes recommendations and provides technical assistance to school districts based on areas of need. Districts identified the need for training focused on suicide prevention and made connections to available training through the Youth Suicide Prevention Initiative.

The Adolescent Health Program Specialist was asked to represent MFH in a WDE task force to develop recommendations to support a statewide plan to address the needs of at-risk students. One of the recommendations focuses on design of a continuum of services through a tiered model that increases service intensity based on the needs of the individual student.

MFH participated in the SAGE Initiative, which strives to more effectively serve the mental health needs of youth in the state. Increased awareness regarding mental health concerns, improvement of referral systems in local communities, and efforts to successfully treat youth in the least restrictive environment have been priorities of this initiative.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and evaluation of services. Many PHN offices have been involved on suicide prevention coalitions to support this work at the local level.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Youth Suicide Prevention Advisory Council			X	
2. Well Aware Program				X
3. Sexual Minority Youth Advocates (SMYA) Task Force			X	
4. Wyoming Healthy Students Success Model (WHSSM)Coordinated School Health Program			X	
5. WDE At-Risk Task Force			X	
6. SAGE (Support, Access, Growth, Empowerment) Initiative			X	
7. MFH Capacity Grants				X
8. Development of State Youth Council				X
9.				
10.				

b. Current Activities

The Adolescent Health Program Specialist is representing MFH on the Wyoming Youth Suicide Prevention Advisory Council.

In response to requests for training and technical assistance to support local district system building efforts, the Adolescent Health Program Specialist shared youth suicide prevention information during the annual WHSSM conference.

The SMYA Task Force is recommending wording to support Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) students in school district policies prohibiting harassment, intimidation, and bullying.

The SMYA Task Force is participating in training designed to help educators understand, assess,

and improve school climate safety for all youth, especially LGBTQ students. Two training sessions and a train the trainer program are being offered in June 2009.

The Adolescent Health Program Specialist continues to participate in the development of recommendations for a statewide plan to address the needs of at-risk students.

The Adolescent Health Program Specialist is working in partnership with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design a proposal for a state youth council.

MFH is participating in high fidelity wraparound training provided through the SAGE Initiative to support local capacity building to provide wraparound services to youth and families.

MFH provides capacity grants to county PHN offices, many of which are involved in the work of local suicide prevention coalitions.

c. Plan for the Coming Year

The Adolescent Health Program Specialist will continue to represent MFH on the Wyoming Youth Suicide Prevention Advisory Council and participate in the strategic planning session designed to further statewide efforts focusing on youth suicide prevention.

MFH will facilitate connections between the Suicide Prevention Team Leader and other program and organizational partners to promote and support suicide prevention training opportunities throughout the state.

The Adolescent Health Program Specialist will continue to support the coordination of youth suicide prevention, information sharing, and training opportunities as the WDE At-Risk Task Force continues its work toward the development of a comprehensive continuum of services for at-risk students. A multi-agency service model implemented through state legislation in Colorado has been identified and is currently being considered through review of available information and talks with key players in one of Colorado's county collaborative.

MFH will continue to support the efforts of the SMYA Task Force to implement sexual orientation policies and changes in all schools, and to develop system capacity building to make the "Safe Schools for All" training available statewide.

The Adolescent Health Program Specialist will continue to work with the MHSASD Youth Advocate for Prevention, WDE, and DFS to design and implement a state youth council. Work is underway to identify youth to drive the development of this proposal. The council is seen as a mechanism for dialogue with youth on issues that are of most concern to them and to elicit and implement their ideas on the best prevention messaging tools, which will include a focus on suicide prevention efforts.

MFH will work with PHN staff to identify programs and methods to support statewide wraparound service provision.

MFH will continue to provide capacity grants to county PHN offices to support their continued involvement in local suicide prevention efforts.

The upcoming needs assessment will determine any changes in scope and design of future work relating to suicide prevention efforts within MFH and Wyoming.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	79	79	71	67	61
Annual Indicator	70.0	64.0	59.1	59.1	70.4
Numerator	70	57	52	52	57
Denominator	100	89	88	88	81
Data Source					Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	71	72	73	74	75

Notes - 2008
Wyoming has no tertiary care facilities. These data are from 2007 Vital Records.

Notes - 2007
Wyoming has no tertiary care facilities. These data are from 2006 Vital Records.

Notes - 2006
Wyoming has no tertiary care facilities. These data are from 2006 Vital Records.

a. Last Year's Accomplishments
The 2008 objective of 61.0% was met. In 2007, the percent of VLBW infants born at high-risk facilities was 70.4%. This represents a statistically significant increase from 59.1% in 2006.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver their babies. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early as possible during pregnancy becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

There are no tertiary care facilities for infants within the state of Wyoming.

MFH funded WHC to expand the availability of FPC within Wyoming, and assured access to comprehensive, high quality, voluntary family planning services for men and women. MFH funded a PHP where all women who had a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins.

MFH funded the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women and families

to assist in the identification of high-risk pregnancies. PHN staff provided prenatal assessment and referral for women as early as possible in pregnancy, assisted in applying for EqualityCare's PWP as appropriate, and referrals were made to Kid Care CHIP as necessary.

Group and individual prenatal classes were offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy.

MFH collaborated with EqualityCare to enhance the referral system for pregnant women, thereby increasing the percentage of pregnant women who are offered care coordination.

The MHR and NBIC Programs provided financially and medically eligible high-risk mothers and infants access to necessary specialty care. Family-centered services were prompted by per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

Tertiary care visits were conducted in neighboring states that are destinations of pregnant women and infants in need of tertiary care, to assure all Wyoming families were being referred to MFH for follow-up services.

Plan for the Unexpected When You are Expecting placards were distributed to all PHN offices and other entities to give to pregnant women at approximately 20 weeks gestation. The placards were updated, as suggested by several PHN staff, to include space for important contact numbers, such as their provider and insurance/Medicaid numbers that would be required in case of an emergency transport.

The HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent$ible Nutrition, Community Health Centers, EqualityCare, FPC, IHS, local hospitals, MHP, MOD, and WIC. Encouraging pregnant women to gain the recommended amount of weight during pregnancy was expected to improve term delivery rates.

Wyoming MOD chapter office created a Nursing Module Library, including modules entitled Abuse During Pregnancy, Diabetes in Pregnancy, Pregnancy: Psychosocial Perspectives, and two modules on Preterm Labor Prevention and Management.

CPHD Epidemiology Section and MFH co-managed the Wyoming PRAMS project. The survey provided current information related to pregnant women accessing prenatal care, including barriers to seeking specialty care.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for reproductive health, PHP, and MHP				X
2. Perinatal education, outreach, and support/CBE			X	
3. EqualityCare collaboration				X
4. Maternal High Risk (MHR)/Newborn Intensive Care (NBIC)programs				X
5. Tertiary facility visits				X
6. Plan for the Unexpected When You are Expecting			X	
7. HBWW			X	
8. PRAMS				X
9. MOD collaboration				X

10. MFH Capacity Grants				X

b. Current Activities
Prenatal classes offered through PHN offices address the importance and value of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Preliminary steps are being taken to schedule Childbirth Education (CBE) training.

As of July 1, 2008, non-citizens are no longer eligible for PWP. Discussions continue to determine how to address the health needs of that population.

MFH provides limited assistance for eligible mothers and infants transported to tertiary care facilities. MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.

Plan for the Unexpected When You Are Expecting placards are distributed to all PHN offices and other entities that provide them to pregnant women at approximately 20 weeks gestation.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

c. Plan for the Coming Year
The availability of care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and they will be assisted in applying for PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population only eligible for EqualityCare emergency delivery services.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Childbirth Education training will be offered to Wyoming nurses who teach prenatal classes to assure current EBP is presented at all prenatal classes.

MFH will provide limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby

Tertiary care visits will be conducted in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD, destinations of pregnant women and infants in need of tertiary care. The purpose will be to assure all Wyoming families are being referred to MFH for follow-up services.

Plan for the Unexpected When You Are Expecting placards will be distributed to all PHN offices and other entities, such as MOD, EqualityCare, WIC, Casper Community Health Center, and local hospitals. The placards will be provided to pregnant women at approximately 20 weeks gestation.

HBWW will continue to be promoted through numerous PHN offices and other community

partners, such as Cent$ible Nutrition, Community Health Centers, EqualityCare, FPC, IHS, local hospitals, MHP, MOD, TriCare, and WIC to assure providers are aware of the risk of inadequate weight gain during pregnancy.

Wyoming PRAMS will continue to collect and analyze survey data. The survey provides information on mothers who deliver their infants outside of the state of Wyoming, particularly at tertiary care facilities.

MOD will continue to provide Wyoming families transported out of state to tertiary care a NICU Support backpack. The pack will include a blanket for the baby; MFH, HBWW, and Plan for the Unexpected When You Are Expecting materials; books for the parents to read to the baby; and various MOD materials. MOD materials will include a NICU Guide/Glossary, You and Your Baby in the NICU and a NICU Keepsake Journal.

MFH will provide capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, as well as translation services.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	86	89	85	85	65
Annual Indicator	84.8	81.4	60.2	64.9	64.9
Numerator	5766	5886	4597	4957	4957
Denominator	6803	7231	7640	7640	7640
Data Source					Wyoming Vital Statistics Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	65	66	66	67	67

Notes - 2008
Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

Notes - 2007
Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

Notes - 2006

Data reported for 2006 births. Wyoming began using the new birth certificate in 2006, which asks about prenatal care differently than the old birth certificate. Therefore, this indicator is not comparable to those for previous years.

a. Last Year's Accomplishments

The 2008 objective was 65%. Wyoming nearly met this in 2006 with 64.9% of infants born to women receiving prenatal care in the first trimester. Wyoming began using the new 2003 birth certificate in 2006. These data are currently unavailable for 2007 due to a lack of epidemiology support in Wyoming Vital Statistic Services.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral, and nutritional support are then available prior to the first prenatal visit with the physician.

MFH funded WHC to expand the availability of FPC within Wyoming and provide a repository for family planning data. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale as, well as pregnancy testing, to assist families in planning for an intended pregnancy. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

MFH provided supplemental funding to MHP for translation, prenatal service support and PHP to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for pregnant women as early as possible. PHN assisted pregnant women in applying for EqualityCare's PWP as appropriate and referrals were made to Kid Care CHIP when necessary.

Funds were allocated for purchase of prenatal vitamins to be available through PHN offices, to supplement the PHP through FPCs.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women.

The Wyoming MOD chapter office has created a Nursing Module Library, including 26 modules not available on the MOD website. Nurses can access the modules for self-study and obtain contact hours for completion of the unit. Examples include Abuse During Pregnancy, Diabetes in Pregnancy, Pregnancy: Psychosocial Perspectives, and two modules on Preterm Labor Prevention and Management.

The HBWW project targeted providers to assure women gained adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, including Cent$ible Nutrition, Community Health Centers, EqualityCare, FPC, IHS, local hospitals, MHP, MOD, TriCare, and WIC.

Plan for the Unexpected When You Are Expecting placards were distributed to all PHN offices and other entities, to give to pregnant women at approximately 20 weeks gestation. The placards offered suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. The placards were updated, as suggested by several PHN staff, to include space for important contact numbers, such as for their provider, and insurance/Medicaid numbers that would be required in case of an emergency transport.

Depression During and After Pregnancy: A Resource for Women, Their Families and Friends, a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients.

The CPHD Epidemiology Section and MFH co-managed the Wyoming PRAMS project. Monthly samples were drawn by CDPHE beginning in April 2007. The survey provided current information related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

MFH assisted with planning for the 30th Annual Perinatal Update conference, which was held in October. MFH participated on several planning committees to ensure EBP was presented for professional audiences.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for reproductive health, PHP, and MHP				X
2. Perinatal education, support, referral/care coordination			X	
3. Collaboration with other entities who serve the perinatal population				X
4. HBWW			X	
5. Plan for the Unexpected When You are Expecting			X	
6. PRAMS			X	
7. Professional education collaboration				X
8. Promote American Indian health				X
9. MFH Capacity Grants				X
10. Translation services		X		

b. Current Activities
MFH provides funding to WHC to supplement Title X funds.

EqualityCare was awarded a waiver to extend FP service availability to women who have been on the PWP from six weeks to one year. Eligible women must reapply for the waiver on an annual basis.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

Plan for the Unexpected When You are Expecting placards are distributed to all PHN offices and other community partners who serve pregnant women, offering suggestions on what to have prepared ahead of time in case of the need for transport to a tertiary care center.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; nutrition during pregnancy; and the risks of substance use during pregnancy.

MFH provides capacity grants to county PHN offices to assist in development, delivery, and

evaluation of services, including promotion of early, consistent, and adequate prenatal care.

c. Plan for the Coming Year
MFH will continue to provide funding to supplement Title X funds to expand the availability of FP clinics within Wyoming to assist families in planning an intended pregnancy.

MFH will provide funding to expand Migrant Health services within Wyoming, providing translation, prenatal service support, and PHP to migrant and seasonal farm workers.

PHN will offer care coordination to pregnant women, with prenatal assessment and referrals as early as possible in pregnancy, assistance in applying for PWP, and referral to KidCare Chip as needed. Discussions are ongoing to address health needs of women who are eligible only for the EqualityCare emergency delivery services.

D. State Performance Measures

State Performance Measure 1: *Percent of deaths in children and youth ages 1-24 due to non-motor vehicle related unintentional injuries.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	19	18.7	15	14	13.5
Annual Indicator	14.4	14.3	15.3	15.3	15.6
Numerator	47	44	46	46	48
Denominator	326	307	301	301	307
Data Source					Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	14.5	14	13.5	13	13

Notes - 2008
Data are three-year averages (2005-2007) due to numerators <20 for single years.

Notes - 2007
Data are three-year averages (2004-2006) due to numerators <20 for single years.

Notes - 2006
Data are three-year averages (2004-2006) due to numerators <20 for single years.

a. Last Year's Accomplishments
The 2008 objective of 13.5% was not met. Of the total deaths to children and youth ages one to 24 years in 2007, 15.6% were due to non-motor vehicle related unintentional injuries. While this represents a slight increase from 15.3% in 2006, the increase is not statistically significant.

MFH has been the lead state agency for Safe Kids Worldwide (SKWW) and has contracted with CRMC to maintain the Safe Kids Wyoming (SKW) state office. This office will focus on the

development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. Local chapter activities are reported to the SKW state office monthly and reviewed by the SKW leadership team on a quarterly basis.

MFH has been supportive of the SKWW change in structure from the state coalition to the state office model, which requires previously established chapters within the state to meet requirements to transfer to coalition status. This change was initially discussed at the SKW coordinator meeting held in July 2008 with plans to work toward the change by summer, 2009.

MFH served on the SKW leadership team to provide financial and programmatic support to statewide efforts to reduce child and adolescent preventable injuries through targeted efforts of SKW chapters. Training for SKW chapter coordinators was held in July 2008, and focused attention on the novelty lighters project through the State Fire Marshal's office. Information and materials were provided to support the work of the local chapters in unintentional injury prevention. In collaboration with work of SKW, the Wyoming State Fire Marshal's office implemented a campaign to dissuade people from using lighters shaped like children's toys (cute animals, cartoon characters, cars and guns). As a result of this campaign, one municipality has banned the sale of these lighters, and it is the hope of the State Fire Marshal that this movement will continue.

MFH provided funding to SKW to sponsor promotional billboards focusing on child safety statewide.

An MFH representative has served on the Wyoming Child Major Injury and Fatality Review Team (WCMIFRT). Legislation was introduced in 2008 to expand child fatality review to include preventable deaths and major injury due to all causes, rather than just abuse and neglect. Unfortunately, this bill did not pass introduction. MFH had some preliminary discussions to consider options for the development of an internal WDH review process for child fatalities to focus on preventable deaths and major injuries due to all causes.

At the Annual MFH/Public Health Nursing (PHN) Conference in August 2008, Dr. Harvey Karp, the founder of the Happiest Baby on the Block and Happiest Toddler on the Block programs, presented on how to operationalize his programs through PHN offices. The programs help with improved bonding and paternal participation. PHN staff who have become certified trainers for Happiest Baby on the Block have been asked to present at monthly Parent Education Network (PEN) support groups. MFH provided Happiest Baby Parent kits for certified PHN trainers to distribute at parent classes.

MFH provided brochures from the National Center for Shaken Baby Syndrome, as well as flyers and posters on shaken baby prevention to PHN offices, IHS clinics and to local hospitals. One local hospital implemented a Shaken Baby Prevention Expo for pregnant and parenting families.

MFH provided items for hands-on teaching during the MFH/PHN Annual Conference pertaining to unintentional injuries. Such items include the shaken baby demonstration model and identification tags that provided education on shaken baby syndrome prevention. Personnel from DFS, law enforcement, Head Start, and developmental preschool providers were invited to the training.

MFH provided capacity grants to county PHN offices to assist communities in development, delivery, and quality evaluation of services focused on prevention of unintentional injuries. PHN staff has also been involved in local child fatality review teams.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Safe Kids Wyoming (SKW)				X
2. SKW Coordinator Conference				X
3. Novelty Lighter Program/State Fire Marshall			X	
4. Wyoming Child Major Injury and Fatality Review Team				X
5. Happiest Baby on the Block			X	
6. MFH capacity grants				X
7. “Keeping Kids Alive” Symposium				X
8.				
9.				
10.				

b. Current Activities

MFH is supporting the SKWW change to the state office model. The goal for this change in Wyoming has been identified as the summer of 2009. Four chapters have completed the Coalition Performance Assessment tool as a way to evaluate their status in moving from a chapter to a coalition.

MFH supports SKW's action plan goals focusing on improving child injury prevention messages and parent and caregiver education and strengthening the state office to serve as a resource center to promote best practices of SKWW.

MFH staff is making plans to attend the "Keeping Kids Alive" national symposium sponsored by the Maternal and Child Health Bureau (MCHB) in May 2009, to further discussions and work around the development of a comprehensive review process for child fatalities focusing on preventable deaths and major injuries due to all causes. This will allow WDH to assist in expanding child fatality review to include all preventable deaths and major injuries. Personnel from DFS are also planning to attend the symposium.

MFH provides capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services designed to address prevention of unintentional injuries. PHN staff is involved in local child fatality review teams to provide medical expertise in cases under review.

c. Plan for the Coming Year

MFH will continue to participate on the SKW leadership team and contribute to future training efforts for SKW chapter and coalition coordinators. MFH will support the changeover efforts of local SKW chapters to coalitions as identified in the SKWW restructuring plan.

The SKW action plan for 2008-2009 identifies a goal to improve child injury prevention messages through the effective use of Wyoming data. This is initially being accomplished through the development of reference lists of available data sources that can be used to impact marketing strategies.

Another SKW action plan goal focuses on parent and caregiver education to improve child safety. Strategies relating to this goal focus on statewide parent education programs on causes and prevention of unintentional injuries; use of brochures, flyers, billboards, and public service announcements; collaboration with other agencies and SKWW to utilize existing resources; and making resources available to SKW chapters to support local education efforts. This goal includes support of the novelty lighter campaign through the State Fire Marshal's office.

MFH and SKW are working together to strengthen the state office as a resource center to

promote best practices of SKWW. This is being accomplished by identifying safety products needed, developing education awareness strategies, identifying locations for outreach, promoting the SKW website, collaborating with other injury prevention agencies for additional resources, and supporting local chapter efforts.

The SKW website includes fact sheets on a multitude of safety topics including bicycle use, choking, drowning, falls, playground safety, poisoning, toy safety, and burns. It also includes a parent safety checklist and information on product recalls. The site has a page called, "Just for Kids" with coloring sheets on various fire safety topics, as well as a home fire safety checklist. This site also connects youth to a variety of other safety-related interactive web links.

MFH will continue to provide capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services to support local SKW chapter and coalition efforts focusing on the prevention of unintentional injuries. PHN staff will continue their involvement in local child fatality review teams. Information obtained through the "Keeping Kids Alive" national symposium will be used to make initial steps toward developing a comprehensive review process for child fatalities to focus on preventable deaths and major injuries due to all causes.

The upcoming needs assessment will determine any change in scope and design of future work relating to unintentional injuries among children in Wyoming.

State Performance Measure 2: *Percent of high school students using alcohol in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	48	46	45.4	43	42.4
Annual Indicator	49.0	45.4	45.4	42.4	42.4
Numerator	13389	12271	12261	11490	11380
Denominator	27325	27029	27007	27098	26839
Data Source					2007 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	40	40	38	38	37

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to 12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2006

YRBS Survey is done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th to 12th graders for Academic Year 2005-2006 in Wyoming. Numerator is estimated from indicator and denominator data.

a. Last Year's Accomplishments

The 2008 objective (43%) was met with 42.4% of high school students reporting alcohol use in the past 30 days in 2007. This represents a statistically significant decrease from 45.4% in 2005. The percentage of high school students who report using alcohol has decreased in a linear fashion since 2001 (p=0.0033). This measure is assessed every other year.

The Adolescent Health Program Specialist represented MFH on the Governor's Council on Impaired Driving, which has been a driving force in discouraging alcohol consumption and improving prevention efforts related to youth. At the annual Governor's Awards Banquet in 2008, a youth initiative award was given to a state high school program for demonstration of unprecedented leadership in reducing impaired driving among youth. The Education and Prevention award was given to an interactive initiative developed for middle school students focusing on the consequences of alcohol use.

The Adolescent Health Program Specialist represented MFH in a consultant role to WHSSM coordinated school health grantees at their Spring Booster in 2008 to support system building efforts across the state around student alcohol use.

MFH worked in collaboration with the Youth Advocate for Prevention within the MHSASD to initiate discussions around the design and implementation of a WDH Youth Advisory Council to facilitate youth engagement and advice on prevention messages focused on alcohol use among adolescents.

In April 2008, WDH unveiled a statewide advertising campaign called "The Line," focusing on alcohol and tobacco use. The key concept behind the campaign is "no secondhand harm." If an individual's actions cause harm to others, then that individual crossed the line. The focus of the campaign is compelling people to take action and personal responsibility. Campaign messages are focused on underage drinking, binge drinking, and driving while under the influence. Campaign messages direct people to visit a website and to read others' descriptions of when "they crossed the line." People can submit their own stories.

MFH continued to support PHN offices to play an integral role in prevention messages to the adolescent population regarding alcohol and substance use. This included participation on local committees, councils and task forces focused on the reduction of underage drinking and addressing specific needs at the local level.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Governor's Council on Impaired Driving				X
2. WHSSM Coordinated School Health Programs			X	
3. Multi-agency collaboration to develop state youth council				X
4. MHSASD “The Line” campaign				X
5. MFH capacity grants				X
6.				
7.				
8.				
9.				

10.				

b. Current Activities
The Adolescent Health Program Specialist represents MFH on the Governor's Council on Impaired Driving to advocate for youth. In 2009, a Governor's Conference on Impaired Driving is including a youth track to address what impaired driving means to teens, to put them behind the wheel using drunk goggles to allow them to experience reality in a controlled environment, and then to discuss next steps and supports needed to design impaired driving prevention programs within schools.

The Adolescent Health Program Specialist continues to represent MFH in a consultant role to WHSSM coordinated school health grantees. Information of a variety of topics, including teen alcohol use, is being shared at the 2009 Spring Booster to support system building efforts within the represented school districts.

The Adolescent Health Program Specialist is working in partnership with the MHSASD Youth Advocate for Prevention, WDE, and DFS to draft a white paper proposal for development of a state youth council.

The WDH "Line" advertising campaign continues to focus attention and discussion on underage drinking, binge drinking, and driving while under the influence in Wyoming.

MFH continues to support PHN offices to play an integral role in providing prevention messages to the adolescent population regarding alcohol and substance use. This includes participation on local committees, councils or task forces focused on the reduction of underage drinking.

c. Plan for the Coming Year
The Adolescent Health Program Specialist has requested re-appointment to the Governor's Council on Impaired Driving and will continue to advocate for youth through this venue. MFH will support a permanent youth track as part of the Governor's Conference on Impaired Driving and will continue to explore ways to empower youth in driving the design and implementation of impaired driving policies in Wyoming.

The Adolescent Health Program Specialist will continue to support WDE in development and implementation of comprehensive services for students at risk as a result of alcohol use and abuse. Work focuses on design of a continuum of services for all students through a tiered model that increases service intensity based on the needs of individual students who may be at risk. A multi-agency service model implemented through legislation in Colorado will continue to be explored as a possible framework for this recommendation.

The Adolescent Health Program Specialist will continue to work toward the development of a state youth council. Youth are being identified to drive this proposal. This council will serve as a resource for effective state level program development focusing on adolescent alcohol use and abuse.

MFH programs will continue to support the WDH "Line" advertising campaign focusing attention and discussion on personal responsibilities relating to adolescent alcohol use in Wyoming.

State infrastructure and capacity to address alcohol use by teens and young adults has been developed and supported through the MHSASD strategic prevention framework at the county level in Wyoming. MFH will support this infrastructure and capacity building through capacity grants to PHN offices to support their involvement in local task force and coalition work relating to alcohol use and abuse among teens and young adults.

MFH will defer to the upcoming needs assessment to determine further work on this state performance measure.

State Performance Measure 3: *Percent of high school students who report tobacco smoking in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	26	24	22.5	22	20.8
Annual Indicator	26.0	22.5	22.5	20.8	20.8
Numerator	7105	6082	6077	5636	5636
Denominator	27325	27029	27007	27098	27098
Data Source					2007 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	19.5	19.5	19	19	18.5

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator

Notes - 2006
YRBS Survey is done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th to12th graders for Academic Year 2005-2006 in Wyoming. Numerator is estimated from indicator and denominator data.

a. Last Year's Accomplishments
The 2008 objective (22%) was met with 20.8% of high school students reporting tobacco use in the past 30 days. From 2005 to 2007, there was a statistically significant decrease in the percent of high school students who smoke tobacco. The percentage of high school students who smoke tobacco has decreased linearly since 2001 (p=0.0078). This measure is assessed every other year.

The WDH has used tobacco settlement money to implement a comprehensive tobacco prevention and control program outlined in state statute. Program goals focus on protecting citizens from secondhand smoke exposure, reducing youth tobacco use rates, and increasing the percentage of adults and youth tobacco users who quit or attempt to quit. Three programs within the WDH tobacco prevention and control plan have had a youth focus. Through with Chew is aimed at preventing spit tobacco use. Wyoming Quit Tobacco is a cessation program utilizing a Quitline and Quitnet services. Tobacco Free Schools of Excellence is a school-based tobacco prevention and cessation program.

Two ongoing research-based teen programs are provided through the Wyoming Prevention Technical Assistance Consortium. Intervening with Tobacco Users is an eight-session program for teens that have been caught using tobacco but do not want to quit. The program teaches the negative consequences of tobacco use to motivate teens to want to quit. Schools use this program as an alternative to suspension and juvenile courts. Helping Teens Stop Using Tobacco is an eight-session voluntary cessation program for teen tobacco users who want to learn how to quit using tobacco. Both programs meet the seven "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" established by the Centers for Disease Control and Prevention (CDC). The programs are easy to use, culturally sensitive, appropriate for diverse populations, and address cigarette, cigar, and spit tobacco use. Facilitator training for these programs has been offered to individuals concerned about the health of young people, specifically those who use tobacco.

The Wyoming Quit Tobacco Program has been implemented by MHSASD through a contract with the American Cancer Society. The program utilizes a Quitline and Quitnet services. Counseling services were available to teens through Quitline counselors skilled and knowledgeable in working with adolescents.

The Adolescent Health Program Specialist represented MFH in a consultant role to Wyoming Healthy Student Success Model (WHSSM) coordinated school health grantees at their Spring Booster in 2008 to support system building efforts across the state around student tobacco use.

MFH worked in collaboration with the Youth Advocate within the MHSASD to initiate discussions around the design and implementation of a WDH Youth Advisory Council. This group would facilitate youth engagement and provide advice on prevention messages focused on tobacco use among adolescents.

In April 2008, WDH unveiled a statewide advertising campaign called "The Line," focusing on alcohol and tobacco use. The key concept behind the campaign is "no secondhand harm. " If an individual's actions cause harm to others, that individual crossed the line. The focus of the campaign is on personal responsibility and compelling people to take action with campaign messages focused on smoking, secondhand smoke, and use of spit tobacco. Campaign messages direct people to visit a website and to read others' descriptions of when "they crossed the line." People can also submit their own stories.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services. PHN service delivery plans emphasize child and youth health promotion. MFH has collaborated with local offices to offer expansion and social marketing ideas intended to increase interest in programs which focus on prevention efforts. PHN staff has also been involved with task forces and coalitions addressing specific needs of adolescents at the local level.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. WDH Tobacco Prevention and Control Programs				X
2. Wyoming Prevention Technical Assistance Consortium			X	
3. Wyoming Quit Tobacco Program				X
4. WHSSM Coordinated School Health Program			X	
5. Multi-agency collaboration to develop state youth council				X
6. MHSASD “The Line” campaign				X
7. MFH capacity grants				X
8.				

9.				
10.				

b. Current Activities
The Wyoming Quit Tobacco Program utilizes a Quitline and Quitnet services and continues to be implemented by MHSASD through a contract with the American Cancer Society. Counseling services are available to teens through counselors skilled and knowledgeable in working with adolescents. State legislation goes into effect on July 1, 2009, to allow a minor 12 years of age or older to consent to healthcare in order to participate in a tobacco cessation program approved by WDH.

MFH partners with Wyoming Department of Education (WDE) and WHSSM coordinated school health grantees to build infrastructure to support the health and safety of Wyoming youth.

The Adolescent Health Program Specialist partners with the Youth Advocate for Prevention position within the MHSASD to collaborate and support current efforts surrounding the tobacco awareness programs for adolescents.

The Adolescent Health Program Specialist is working in partnership with the MHSASD Youth Advocate for Prevention, WDE, and DFS to draft a white paper proposal for development of a state youth council.

Capacity grants to counties continue to provide funding for PHN service delivery emphasizing youth health concerns. PHN staff is involved in local task forces and coalitions. They also provide messages targeted to the adolescent population regarding tobacco use.

c. Plan for the Coming Year
The Adolescent Health Program Specialist will continue the partnership with the MHSASD Youth Advocate for Prevention to collaborate and support the efforts of the tobacco awareness programs for adolescents.

The Adolescent Health Program Specialist will continue to support WDE in the development and implementation of comprehensive services for students at risk as a result of tobacco use and abuse. Work focuses on the design of a continuum of services for all students through a tiered model that increases service intensity based on the needs of individual students who may be at risk. A multi-agency service model implemented through legislation in Colorado will continue to be explored as a possible framework for this recommendation.

The Adolescent Health Program Specialist will continue to work toward development of a state youth council. Youth are being identified to drive the development of this proposal. This council will serve as a crucial resource for effective state level program development focusing on adolescent tobacco use.

MFH will provide capacity grants to county PHN offices to assist in the development, delivery, and quality evaluation of services. PHN service delivery plans emphasize youth health promotion. MFH will continue to support local offices by offering social marketing ideas intended to increase interest in programs which focus on prevention efforts and encouraging local involvement in prevention task forces and coalitions.

State infrastructure and capacity to address tobacco use by teens and young adults has been developed and supported through the MHSASD prevention efforts at the county level in Wyoming. MFH will support this infrastructure and capacity building through capacity grants to PHN offices to support their involvement in work related to tobacco use among teens and young adults. MFH will defer to the upcoming needs assessment to determine further work on this state

performance measure.

State Performance Measure 4: *Percent of infants born to women who smoked during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	18	18	19	18	18
Annual Indicator	19.5	18.6	20.4	20.4	20.3
Numerator	1328	1344	1558	1558	1586
Denominator	6803	7231	7640	7640	7832
Data Source					Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	18	17	17	17	16.5

Notes - 2008
These data are from 2007 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

Notes - 2007
These data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

Notes - 2006
These data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collectes smoking data differently than the old birth certificate. Therefore, this indicator is not comparable to indicators reported before 2006.

a. Last Year's Accomplishments
The 2008 objective of 18% was not met. In 2007, 20.3% of Wyoming women reported smoking during pregnancy. This is not a statistically significant change from 20.4% in 2006. Wyoming began using the new 2003 birth certificate in 2006, and data for this measure may not be comparable to data from previous years.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or the hospitals to deliver them. Additionally, with full case loads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral for smoking cessation and nutritional support are then available prior to the first prenatal visit with the physician.

MFH supplemented Title X funding to WHC, expanding the availability of family planning clinics within Wyoming and providing a repository for family planning data. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for men and women. Clinics provided contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy. The FPCs also provide pregnancy testing and smoking cessation referral.

MFH funded PHP where women who have a negative pregnancy test in a FPC will receive a packet including materials to encourage smoking cessation prior to pregnancy.

MFH supplemented federal funds to expand Migrant Health services within Wyoming to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Prenatal classes were offered through PHN offices on an individual, group, or family basis to highlight the risks of substance use during pregnancy including tobacco.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women from six weeks to one year.

MFH coordinated with MHSASD utilizing Tobacco Settlement funds to present "5As for Pregnant Women" workshop, and MOD paid per diem and lodging for PHN staff to attend the CEU-approved training. As a result, trained staff was better equipped to provide support to pregnant women and their families who chose to quit smoking before or during pregnancy. Additionally, several brochures were purchased through the Wyoming Quit Tobacco program for PHNs to use with pregnant women and their families. Examples are Pregnancy and Second-hand Smoke, Second-hand Smoke and Children, Give a Gift to Your Baby, and What Goes in You Goes in Your Baby.

MFH supported the MOD Prematurity Campaign by participation in the Program Services Committee at the state, regional, and national level. Additionally, the Wyoming MOD chapter office created a Nursing Module Library, which included all of the 26 nursing modules not available on the MOD website. Nurses can access the modules for self-study and obtain contact hours for unit completion. Examples include "Abuse During Pregnancy" and "Tobacco, Alcohol and Drug Use in Childbearing Families."

Coming of the Blessing, a Pathway to a Healthy Pregnancy is an informational booklet created by the American Indian/Alaska Native Committee of the MOD West Region, including both major tribes represented in Wyoming. Culturally sensitive information includes the importance of not smoking before or during pregnancy. This booklet was distributed through IHS and local county PHN offices to American Indian clients.

Wyoming was awarded a PRAMS grant to collect survey data from postpartum women. Question topics included maternal tobacco use before, during and after pregnancy and how providers presented the need to quit smoking for optimal health of the infant.

MFH assisted with planning for the 30th Annual Perinatal Update conference, which was held in October. EBP presentations include "Substance Abuse in Pregnancy and It's Effect on Families," "Maternal and Newborn Addiction: Collaborative Community Efforts," and "Identification of Newborn Addiction."

IHS continued to deliver primary health services to the Wind River Reservation population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation.

MFH capacity grants were provided to PHN offices to sustain delivery of services, including translation and tobacco cessation for pregnant women.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for reproductive health, PHP and MHP			X	

2. Perinatal education, referral and support			X	
3. Collaborate with other state agencies				X
4. MOD collaboration			X	
5. PRAMS			X	
6. Professional Education				X
7. Women's Health Needs Assessment				X
8. Promote American Indian health				X
9. MFH Capacity Grants				X
10. Translation services			X	

b. Current Activities
MFH provides funding to supplement federal funds received through WHC to provide FP and PHP throughout the state.

Care coordination and the NFP home visiting model are offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in their pregnancy. Prenatal classes are offered on an individual, group, or family basis to highlight the risks of substance use during pregnancy, including tobacco.

Wyoming PRAMS surveys are sent to postpartum women each month to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco. Reports will be useful in future perinatal policy and program revision and development.

The Women's Health Needs Assessment is in the process of being finalized. The results will be used to plan policy and programs for women, such as smoking cessation and healthy lifestyle promotion.

Capacity grants are offered to PHN offices to fund enhancement and delivery of MFH services.

IHS continues to deliver primary health services to the WRR population, supplementing services provided through the county PHN offices, including support and referral for smoking cessation and distribution of Coming of the Blessing booklets.

Translation services are available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

c. Plan for the Coming Year
MFH will supplement Title X funds to expand the availability of FP and PHP. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services for men and women. Clinics will provide contraceptive supplies and pregnancy testing on a sliding fee scale to assist families in planning an intended pregnancy. Women who have a negative pregnancy test in a Wyoming FPC will receive a preconception packet, which includes educational materials related to risks associated with tobacco use during pregnancy.

MFH will supplement federal Migrant Health funds to expand services available, including PHP, translation and prenatal service support for migrant and seasonal farm workers.

Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy. PHN staff will provide prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff will help pregnant women to fill out forms for EqualityCare's PWP as appropriate, with necessary referrals made to Kid Care CHIP.

PbC is a Wyoming waiver program to extend family planning services for EqualityCare-eligible

postpartum women from six weeks to one year. A woman must be on the PWP to apply for the PbC program and must continue to reapply annually as long as she is EqualityCare-eligible. This waiver will allow women long-term support for tobacco cessation.

MFH will continue to support the MOD Prematurity Campaign by participating in the Program Services Committee at the state, regional, and national level. PHN staff will be reminded to access MOD Nursing modules for continuing education credits.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the father's role and the risks of smoking before and during pregnancy. Booklets will be distributed through IHS and local county PHN offices.

Wyoming PRAMS will continue to gather information regarding risk behaviors women engage in during pregnancy, including smoking tobacco.

MFH will continue to participate on the planning committee for the 32nd Annual Perinatal Update conference, which will be held in October. Participation will ensure that EBP related to PHN practice will be included on the agenda.

IHS will deliver primary health services to the WRR population, supplementing services provided through the county PHN offices. These services include support and referral for smoking cessation and distribution of the Coming of the Blessing booklets.

Capacity grants to PHN offices will continue to provide funding for enhancement and delivery of MFH services, including translation and tobacco cessation.

State Performance Measure 5: *Percent of Wyoming high school students who are overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	7.2	5.9	8.4	8.3	9.3
Annual Indicator	7.2	8.4	8.4	9.3	9.3
Numerator	1967	2270	2269	2520	2520
Denominator	27325	27029	27007	27098	27098
Data Source					2007 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	9	8.5	8.3	8.1	8.1

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the

total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2006
YRBS Survey done only every other year. 2005 indicator data reported for 2005 and 2006. Denominator is the total population of 9th to12th graders for Academic Year 2005-2006 in Wyoming. Numerator is calculated from denominator and indicator data.

a. Last Year's Accomplishments
The 2008 objective (8.3%) was not met. The percent of Wyoming high school students who are overweight has been increasing steadily since 2001 and increased again in 2007 to 9.3%. This represents a significant increase from 8.4% in 2005. The percentage of high school students who are overweight has increased in a linear manner since 2001 (p=0.0072). This measure is assessed every other year.

WDH continued to promote the public marketing campaign entitled "Commit to Your Health," which includes print and media advertisements, organized community activities, and suggestions for general health improvement. Initial discussions occurred around child and adolescent physical activity and nutrition into the framework of this campaign.

In March 2008, MFH wrote a letter of support to the Preventive Health and Safety Division (PHSD) on behalf of the state based Nutrition, Physical Activity, and Obesity Program for Wyoming. This provided an opportunity to influence policies to create environments that encourage healthy lifestyle choices for youth and families, and help build infrastructure to support needed changes. Shared opportunities continue to be identified where appropriate to address the issue of childhood obesity in Wyoming.

The Adolescent Health Program Specialist has been a member of the WHSSM Leadership Team that provided support and technical assistance to school district coordinated school health programs. Childhood obesity concerns were discussed at the April 2008, conference. Healthy habits "tip sheets" were designed for youth and their parents to share information and ideas on how to impact this issue.

The Adolescent Health Program Specialist reached out to PHN offices to explore opportunities that could be provided through the We Can! program. This program is a turn-key, science based national education program developed by the National Institutes of Health (NIH), the nation's medical research agency, to help organizations address the important issue of overweight children. We Can! focuses on three important behaviors to help children ages 8 to 13 years maintain a healthy weigh. These behaviors include improving food choices, increasing physical activity, and reducing screen time. Initial discussions were undertaken with a healthcare provider from IHS and the PHN Nurse Consultant for MFH in June 2008, but competing priorities did not allow for program implementation at that time.

MFH facilitated a meeting in November 2008, to allow for information sharing among divisions and sections within WDH to identify work being done in the areas of children's physical activity and nutrition. Programs represented included Chronic Disease, Diabetes Prevention, Office of Healthcare Financing, KidCare CHIP, WIC, PHN, MFH, CPHD EPI, and Adolescent Health. The group agreed on the need to coordinate efforts in this area and to expand the group to include other state departments. Steering committee membership was identified to frame the work and move activities forward.

MFH began discussions with the MHSASD Youth Advocate for Prevention to design and implement a WDH Youth Advisory Board. This board would be a mechanism for dialogue with youth on issues that are of most concern to them and to elicit their ideas on the best tools to share prevention messages.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services with a health emphasis and focus on good nutrition and physical activity.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WDH "Commit to Your Health" campaign				X
2. WHSSM Coordinated School Health program			X	
3. Physical Activity and Nutrition Steering Committee				X
4. Multi-agency collaboration to develop state youth council				X
5. MFH capacity grants				X
6. Wyoming Action for Healthy Kids				X
7. WY Outside Initiative				X
8. Healthier Laramie County Action Team for Physical Activity and Obesity				X
9. WDE School Nutrition Conference			X	
10.				

b. Current Activities

Open lines of communication are established with the Wyoming Action for Healthy Kids and participation in planning meetings is being considered.

An inter-agency steering committee is being designed to coordinate work being done in the area of child and adolescent physical activity and nutrition.

In March 2009, MFH was invited to participate in a strategic planning session with multiple state and federal parks and forest agencies focused on children in nature to support utilization of Wyoming's natural resources.

The Adolescent Health Program Specialist is working with WHSSM programs to support efforts related to nutrition and physical activity.

The Adolescent Health Program Specialist is working in partnership with the MHSASD Youth Advocate for Prevention, WDE, and DFS to draft a proposal for development of a state youth council.

The Adolescent Health Program Specialist is working with the Healthier Laramie County Physical Activity and Obesity Action Team and sharing information about the We Can! Program as it supports local community efforts and activities.

MFH is giving a presentation at the WDE School Nutrition Conference in June 2009. The Adolescent Health Program Specialist will share data and facilitate discussions about the health of the whole child and how that is supported through physical activity and nutrition in school.

MFH provides capacity grants to PHN offices assisting in development, delivery, and evaluation of services specific to youth safety and health.

c. Plan for the Coming Year

MFH will continue work with the Wyoming Action for Healthy Kids Initiative to identify and support shared goals and activities focusing on child and youth physical activity and nutrition.

MFH will continue work to develop a sustainable framework for the inter-agency steering committee to support child and youth physical activity and nutrition. The work of this group will be incorporated as one piece of the larger "Commit to Your Health" campaign within WDH.

MFH will work with the "WY Outside" Initiative to facilitate communication and coordination among involved agencies to support the overall health and well-being of youth and their families. This initiative will foster the mind, body, and spirit of youth and families by inspiring a long-term appreciation of the Wyoming outdoors through education, interaction, and adventure. This group includes representation from Wyoming State Parks and Cultural Resources, National Parks Services, United States Forest Service, United States Fish and Wildlife Service, Bureau of Land Management, Game and Fish Service, Wyoming Ag in the Classroom, Wyoming Tourism, and Wyoming Recreation and Parks Association. This group will focus on those who reside in Wyoming as well as those who visit the state. This initiative will move forward by increasing awareness and support of various projects undertaken by the involved agencies and incorporate this support into all programs that work on behalf of youth and families.

The Adolescent Health Program Specialist will continue to work with WDE programs to support the prevention components of system development efforts as it relates to nutrition, healthy eating habits, and physical activity.

MFH will continue inter-agency partnership work toward the design and implementation of a state youth council. This idea is currently receiving support from the First Lady, and work is being done to identify youth to drive the development of this proposal. This council will serve as a resource to effective state level program development in identified priority areas, including nutrition and physical activity.

MFH will continue to support the local efforts of the Laramie County Community Partnership work focusing on physical activity and obesity issues for youth. This opportunity will serve as a first step to reaching out to other communities and local coalitions to offer the We Can! program to support physical activity and nutrition efforts at the local level.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services relating to child and adolescent health as it is supported by physical activity and good nutrition.

The upcoming needs assessment will determine any changes in scope and design of future work related to childhood obesity in Wyoming.

State Performance Measure 6: *Percent of high school students using methamphetamines in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			5	5	3.8
Annual Indicator		5.0	5.0	3.8	3.8
Numerator		1352	1350	1030	1030
Denominator		27029	27007	27098	27098
Data Source					2007 Wyoming Youth Risk Behavior Survey
Is the Data Provisional or				Final	Final

Final?					
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	3.4	3.4	3	3	3

Notes - 2008
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2007
Data are from the Youth Risk Behavior Surveillance System (YRBS), which is conducted every other year. These data are from the 2007 survey for high school students. Denominator is the total population of Wyoming 9th to12th grade students for the 2006-2007 academic year. The numerator is estimated from the indicator and the denominator.

Notes - 2006
YRBS Survey is done only every other year. 2005 indicator data reported for 2006. Denominator is the total population of 9th to12th graders for Academic Year 2005-2006 in Wyoming.

a. Last Year's Accomplishments
The 2008 objective of 5% was met. The percent of Wyoming high school students reporting using methamphetamine in the past 30 days decreased to 3.8% in 2007. This represents a statistically significant decrease in methamphetamine use from 5.0% in 2005. This measure is assessed every other year.

Local PHN offices provided awareness of methamphetamine use and the toll it has taken on the younger generation and their families.

The Wyoming Meth Project was officially launched in June 2008. It is a large scale, statewide prevention program aimed at significantly reducing first time meth use among teens and young adults through public service messaging, public policy, and community outreach. The Wyoming Meth Project combines an aggressive saturation-level media campaign with the core message "Not Even Once" with community action programs designed to prevent meth use by raising awareness of the dangers of the drug. Wyoming is the fifth state to create this program based on the Montana Meth Project model.

Wyoming Community Meth Initiatives have been active in 21 locations in the state. Brochures, pamphlets and fact sheets in both English and Spanish were designed for business owners and employees, community awareness, healthcare, landlords, motels and hotels, parents, teachers, and teens and have been available for download from the MHSASD website.

The fifth annual Wyoming Statewide Methamphetamine and Substance Abuse conference was held January 9 through 11, 2008. Breakout sessions focused on substance abuse and related issues among youth.

The Adolescent Health Program Specialist represented MFH in a consultant role to WHSSM coordinated school health grantees at their Spring Booster in 2008 to support their system building efforts focused on youth substance use.

The Adolescent Health Program Specialist worked in collaboration with the MHSASD Youth Advocate for Prevention to initiate discussions around the design and implementation of a WDH youth advisory council. This council would facilitate youth engagement and advice on prevention messages focused on meth and substance use among adolescents.

MFH provided capacity grants to county PHN offices to assist in efforts focused on

methamphetamine prevention within local communities.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wyoming Meth Project				X
2. Wyoming Statewide Meth and Substance Abuse Conference				X
3. WHSSM Coordinated School Health program			X	
4. Multi-agency collaboration to develop state youth council				X
5. MFH capacity grants				X
6. WDE At-Risk Task Force			X	
7.				
8.				
9.				
10.				

b. Current Activities

The reported decrease in methamphetamine use may be the result of less acceptability of the drug, less self-divulging of use, and/or the increased law enforcement of use and possession.

The sixth annual Wyoming Methamphetamine and Substance Abuse conference was held January 7 through 8, 2009, with 500 people in attendance. A variety of nationally known speakers presented at breakout sessions focusing on children and youth issues.

The Adolescent Health Program Specialist is representing MFH on a WDH Technical Assistance team for the WHSSM Spring Booster in 2009. Information and resources are being shared on a variety of topics, including substance use, to support system building efforts within the represented school districts.

In addition, the Adolescent Health Program Specialist is representing MFH on a WDE task force to develop recommendations to support a statewide plan to address the needs of at-risk students.

The MFH Adolescent Health Program Specialist is working in partnership with the MHSASD Youth Advocate for Prevention, WDE, and DFS to draft a white paper proposal for the development of a state youth council.

MFH continues to provide capacity grants to county PHN offices to assist in drug prevention efforts at the local level. Activities include involvement in substance abuse and meth prevention coalitions, drug task forces, and drug endangered children coalitions.

c. Plan for the Coming Year

MFH will continue to partner with the WDE task force to develop recommendations to support a statewide plan to address the needs of at-risk students. One of the recommendations focuses on design of a comprehensive continuum of services through a tiered model that increases service intensity based on the needs of the individual student.

MFH will continue to work with the Departments of Health, Education, and Family Services, as well as private partners to design and implement a state youth council to facilitate discussions with youth and to elicit and implement their ideas about prevention messages that will make a difference.

MFH will continue to provide capacity grants to county PHN offices to assist in methamphetamine prevention efforts within local communities through task force and coalition involvement.

State infrastructure and capacity to address meth use by teens and young adults has been developed through the Wyoming Meth Project and the community meth initiatives supported by MFH and MHSASD information and resources. State law enforcement authorities report a dramatic change in meth-related arrests and have warned that the drug of choice may be shifting from meth to prescription drugs in the state.

With various state data sources reporting a decrease in meth use and meth related arrests, MFH will defer to the upcoming needs assessment to determine further work on this state performance measures.

State Performance Measure 7: *The percent of infants born preterm (before 37 weeks gestation)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective	11.9	11.8	11.6	10.5	10
Annual Indicator	11.8	10.8	10.6	10.6	11.0
Numerator	802	781	812	812	856
Denominator	6803	7231	7640	7640	7775
Data Source					Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	10	10	9.5	9.5	9.5

Notes - 2008
Data are from 2007 Vital Records.

Notes - 2007
Data are from 2006 Vital Records.

Notes - 2006
Data are from 2006 Vital Records.

a. Last Year's Accomplishments
The 2008 objective of 10.0% was not met. The percent of infants born preterm (before 37 weeks gestation) in 2007 was 11.0%. This does not represent a statistically significant change in the percent of preterm birth from 10.6% in 2006. This indicator has consistently fluctuated from year to year.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver them. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. Therefore, the need to be in contact with women through the PHN offices as early during pregnancy as possible becomes critical. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

There are no tertiary care facilities for mothers or babies in Wyoming.

MFH funded WHC to expand the availability of FPC and provide a repository for family planning data within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provided contraceptive supplies on a sliding scale to assist families in planning an intended pregnancy, as well as pregnancy testing.

Through WHC, MFH funded PHP, where women who had a negative pregnancy test in a Wyoming FPC received a packet including three months of prenatal vitamins with folic acid, several condoms, and materials discussing risks of unintended pregnancy. MFH also funded the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for the EqualityCare PWP as appropriate and referrals were made to Kid Care CHIP when necessary.

MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby.

The HBWW project targeted providers to assure women gain adequate weight during pregnancy. Project materials were distributed to numerous PHN and provider offices throughout the state, as well as EqualityCare, MOD, and WIC.

Plan for the Unexpected When You are Expecting placards were distributed to all PHN offices and other entities, such as EqualityCare, WIC, MOD, and local hospitals. The placard offers suggestions on what to have prepared ahead of time in case of emergency transport to a tertiary care center out of the state. They were provided to BB clients and other pregnant women at approximately 20 weeks gestation.

MFH collaborated with EqualityCare to enhance the referral system, increasing the percentage of pregnant women who access care coordination services.

Depression During and After Pregnancy: A Resource for Women, Their Families and Friends, a booklet created by HRSA, was provided in volume to PHN offices to share with their pregnant and postpartum clients.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the 26 modules which are not available on the MOD website. Nurses could access the modules for self-study and obtain contact hours for completion of the unit. Examples include Abuse During Pregnancy, Diabetes in Pregnancy, Pregnancy: Psychosocial Perspectives, and two modules on Preterm Labor Prevention and Management.

The CPHD Epidemiology Section and MFH co-managed the Wyoming PRAMS project. Monthly samples were drawn by CDPHE beginning in April 2007. The survey provided current information on women before, during and after pregnancy. Data were collected related to pregnant women accessing prenatal care in Wyoming, including barriers to seeking care.

MFH provided capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding supplements IHS funding to enhance health services delivery to the WRR population.

Translation services were available through each PHN office to assure minority populations received the same information related to healthy lifestyle and prenatal care.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Funding for reproductive health, PHP and MHP				X
2. Perinatal education, support, referral/care coordination			X	
3. MHR/NBIC	X			
4. HBWW/Plan for the Unexpected When You Are Expecting			X	
5. EqualityCare/Pregnant by Choice (PbC)		X		
6. Collaborate with other entities serving the perinatal population				X
7. PRAMS			X	
8. Promote American Indian health				X
9. MFH Capacity Grants				X
10. Translation services		X		

b. Current Activities

MFH provides funding to supplement Title X funds, expanding the availability of FPC. MFH funded continuation of PHP, so women who have a negative pregnancy test will receive a PHP packet, including prenatal vitamins with folic acid.

MFH supplements federal funds for Migrant Health to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Care coordination is offered to pregnant women, and PHN staff provides prenatal assessment and referral for women as early as possible in pregnancy. PHN staff assists women in completing the PWP application. As of July 1, 2008, non-citizens are no longer eligible for PWP. Discussions continue to determine how to address the health needs of that population.

MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

Plan for the Unexpected When You Are Expecting placards are distributed to all PHN offices and other entities and are provided to pregnant women at approximately 20 weeks gestation.

MFH provides capacity grants to county PHN offices to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care.

c. Plan for the Coming Year

MFH will continue to fund WHC to expand the availability of FP clinics, provide PHP and provide a repository for family planning data.

MFH will provide funding to supplement federal funds for MHP services, providing PHP, translation and prenatal service and support to migrant and seasonal farm workers.

MFH will provide financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per Diem and mileage reimbursement for fathers or significant others to visit and support mother and baby. Genetic testing will be offered to families who meet medical and/or financial requirements.

HBWW will continue to be promoted through select PHN offices and other community partners. HBWW materials will begin to be available through the Casper Community Health Center in mid-2009.

Plan for the Unexpected When You Are Expecting placards will be distributed to all PHN offices and other entities to be available to pregnant women at approximately 20 weeks gestation.

Pregnancy by Choice will be available for EqualityCare- eligible postpartum women to extend family planning services from six weeks to one year, as long as clients continue to reapply annually. This waiver will allow women access to birth control methods to support intended pregnancy.

PRAMS data will be collected and analyzed by the CPHD Epidemiology Section. This will provide essential perinatal data, including information regarding risk behaviors women engage in during and after pregnancy.

MOD will continue to provide funding for the "Cub House" project in Wyoming and will locate them in other sites throughout the state, to supplement the Rock Springs and Jackson projects. They provide low-income parents the opportunity to purchase baby items with points earned from attending prenatal visits, WIC appointments, parent educational programs, and other community services.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, will continue to be distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), risk of substance use and domestic violence to birth outcomes, preterm labor signs and symptoms, and importance of prenatal care.

MFH will continue to provide capacity grants to county PHN offices to assist in development, delivery, and quality evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding will supplement IHS funding to enhance health services delivery to the WRR population.

State Performance Measure 8: *Percent of infants identified at birth with a congenital anomaly.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			1	1	0.4
Annual Indicator	1.2	1.6	0.5	0.5	0.6
Numerator	82	117	36	36	44
Denominator	6803	7231	7640	7640	7832
Data Source					Wyoming Vital Statistics Services
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	0.4	0.3	0.3	0.3	0.3

Notes - 2008

Data are from 2007 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

Notes - 2007
Data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

Notes - 2006
Data are from 2006 Vital Records. Wyoming began using the new birth certificate in 2006, which collects data for congenital anomalies differently than the old birth certificate. Therefore, this indicator is not comparable to indicators from previous years (before 2006).

a. Last Year's Accomplishments
The 2008 objective for infants identified at birth with a congenital anomaly is 0.4%. In 2007, 0.6% of infants were born with a congenital anomaly. This is not a statistically significant increase from 0.5% in 2006. Wyoming began using the new 2003 birth certificate in 2006. Data for this indicator are not comparable to data from previous years.

Wyoming currently does not have a birth defects surveillance system. Applications to create a surveillance system over the last several years have not been funded. However, SSDI funding awarded in December 2006, is being used to link data systems within WDH and to develop a state birth defects surveillance plan. The linked data will support Wyoming in building a birth defects surveillance system.

SSDI funding was used to link data from Vital Statistics Services, Newborn Metabolic Screening, EHDI, and BB.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. SSDI Grant Application				X
2. Vital Statistics Services				X
3. Collaboration with Newborn Metabolic Screening and EHDI				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
SSDI funding was used to link data from Vital Statistics Services and Newborn Metabolic Screening. The primary purpose of the linkages is to build a foundation for birth defects surveillance. Additionally, a linked data system will be useful in providing pertinent information for all MFH populations.

c. Plan for the Coming Year
SSDI funding was used to link data from Vital Statistics Services, Newborn Metabolic Screening, EHDI, and BB in 2008. Additional linkages within the current system are planned through 2011.

A contractor will begin working in the summer of 2009 to convene stakeholders and develop a state birth defects surveillance plan. Wyoming intends to implement this plan in 2010.

State Performance Measure 9: *Percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Performance Objective			35	38	38
Annual Indicator	37.6	37.6	37.4	37.4	31.6
Numerator	2558	2558	2704	2704	2475
Denominator	6803	6803	7231	7231	7832
Data Source					Wyoming Pregnancy Risk Assessment Monitori System
Is the Data Provisional or Final?				Final	Final
	2009	**2010**	**2011**	**2012**	**2013**
Annual Performance Objective	32.5	33.5	34.5	35.5	36.5

Notes - 2008
Indicator data is from the 2007 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. There was no perinatal survey in Wyoming in 2006.

Notes - 2007
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

Notes - 2006
Indicator data is from the 2005 Maternal Outcome Monitoring System (MOMS) survey, which is Wyoming's PRAMS-like perinatal survey. Wyoming is now a PRAMS state and will have PRAMS data for this measure in 2009. There was no perinatal survey in Wyoming in 2006.

a. Last Year's Accomplishments
The 2008 objective of 38% was not met. The percent of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant for 2007 was 31.6%. This is a statistically significant decrease from the 2006 estimate of 37.4%. The percentage of postpartum women reporting multivitamin use four or more times per week in the month before getting pregnant has consistently decreased since 2004.

Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. It therefore becomes critical to be in contact with women through the PHN office as early in the pregnancy as possible. Prenatal assessment, education, referral and nutritional support are then available prior to the first prenatal visit with the physician.

MFH provided Title V funding to WHC to supplement Title X funds, expanding the availability of family planning clinics within Wyoming. WHC, the Title X designee, assured access to comprehensive, high quality, voluntary family planning services. Clinics provided contraceptive supplies on a sliding fee scale, as well as pregnancy testing, to assist families in planning for an intended pregnancy.

MFH provided Title V funding to supplement federal funds for Migrant Health services within Wyoming. WHC manages the MHP to provide translation and prenatal service support to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model were offered to pregnant women as a best practice strategy. PHN staff provided prenatal assessment and referral for women as early as possible in their pregnancy. PHN assisted pregnant women in applying for EqualityCare's PWP and referrals were made to Kid Care CHIP as appropriate.

Referrals were made to WIC as appropriate. WIC screened clients and recommended the use of basic vitamins/supplements with folic acid. WIC recommended increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs.

EqualityCare, in collaboration with WHC and MFH, applied for an 1115(b) waiver to expand FP services to postpartum women.

The Wyoming MOD chapter office has created a Nursing Module Library, which includes all of the 26 Modules, which are not available online. Nurses can access the modules for self-study and obtain contact hours for completion of the unit. Examples include Preconception Health Promotion: A Focus for Women's Wellness. The PHN staff has been informed of the availability of the units and that they are free of charge.

The first Wyoming PRAMS sample was drawn in April 2007, by CDPHE. Survey questions are included that address the knowledge of the importance and value of folic acid consumption during pregnancy.

MFH partnered with MOD to assure messages regarding the need for folic acid consumption continued to be available for pregnant women.

IHS provided delivery of primary health services to the Wind River Reservation population to supplement services provided through county PHN offices, including folic acid promotion.

Translation services were available through each PHN office to assure minority populations receive the same information related to healthy lifestyle and prenatal care.

MFH provided capacity grants to PHN offices to increase delivery and sustainability of services.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Funding for reproductive health, PHP, and MHP			X	
2. Perinatal support, education, referral/care coordination			X	
3. Collaboration with WIC				X
4. PRAMS			X	
5. Partner with MOD				X
6. MFH Capacity Grants				X
7. Promote American Indian health			X	
8. Translation services		X		
9.				
10.				

b. Current Activities

MFH funds WHC to expand the availability of family planning clinics and assures access to comprehensive, high quality, voluntary family planning services. MFH funded WHC to begin a PHP. Women who have a negative pregnancy test receive a packet, which includes three months of prenatal vitamins with folic acid, condoms and educational materials.

MFH funding supplements federal funds for Migrant Health services to provide translation, prenatal service support, and vitamins with folic acid for migrant and seasonal farm workers.

Care coordination and the NFP home visiting model are offered to pregnant women and families as a best practice strategy. PHN staff provides prenatal assessment and referral for women as early as possible in pregnancy.

Referrals are made to WIC as appropriate. WIC screens and recommends the use of basic vitamins/supplements with folic acid. WIC recommends increased consumption of foods high in folic acid like orange juice, milk, beans, wheat bran, and eggs.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum; the importance of early, consistent, and adequate prenatal care; and nutrition during pregnancy, including the importance of folic acid.

c. Plan for the Coming Year

MFH will provide to supplement Title X funds, expanding the availability of Family Planning Clinics within Wyoming. WHC, the Title X designee, will assure access to comprehensive, high quality, voluntary family planning services. Additional funding will be maintained for the PHP. Women who have a negative pregnancy test in a FPC will receive three months of prenatal vitamins with folic acid.

MFH will supplement federal Migrant Health funds, providing translation and prenatal service support, including education on folic acid consumption, to migrant and seasonal farm workers.

Care coordination and the NFP home visiting model will be offered to pregnant women as a best practice strategy, with prenatal assessment and referral provided as early as possible in pregnancy. PHN will assist pregnant women in applying for Equality Care's PWP, and referrals will be made to Kid Care CHIP as appropriate.

Referrals will be made to WIC, and WIC staff will refer prenatal women for medical and prenatal care to allied healthcare programs and providers as appropriate. WIC participants receive routine nutrition screening, high risk follow-up, and a recommendation for daily prenatal vitamin/mineral supplement with folic acid. They receive WIC foods high in folic acid like orange juice, milk, beans, cereal, and eggs. The new WIC food packages, effective October 2009, will provide fresh fruits and vegetables such as spinach, bananas, oranges, broccoli, romaine, and cabbage, which are also high in folic acid. WIC foods provide iron through iron-fortified cereals; calcium, vitamin A, vitamin D, and protein in dairy products; protein in eggs, milk, peanut butter, and beans; and magnesium in peanut butter. The new food packages will provide phytochemicals through nutrient-rich fruits and vegetables; fiber in fruits and vegetables, legumes, and whole grain foods such as whole grain breads, cereals, tortillas, brown rice; and oatmeal to help families better meet the 2005 Dietary Guidelines, the Healthy People 2010 goals and objectives, and the recommendations from the AAP.

The PRAMS survey will be sent each month to postpartum women to gather information regarding risk behaviors women engage in during pregnancy, including folic acid intake. Reports will be useful in future perinatal policy and program revision and development.

MFH will partner with MOD to assure messages regarding the need for folic acid consumption continue to be available for pregnant women.

PbC is a FP waiver now available for postpartum women on the PWP. Women must reapply annually, as long as they are EqualityCare-eligible, which will allow women access to birth control methods to support intended pregnancy.

IHS will provide delivery of primary health services to the WRR population to supplement services provided through county PHN offices, including distribution of the Coming of the Blessing booklet.

Translation services will continue to be available through each PHN office.

E. Health Status Indicators

Introduction

/2010/ In previous years' narrative addressing each of the health status indicators was combined. This information is now located with each specific indicator. //2010//

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	8.6	8.6	8.8	8.8	9.1
Numerator	588	625	670	670	713
Denominator	6803	7231	7640	7640	7822
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data from 2007 Vital Records.

Notes - 2007
Data from 2006 Vital Records.

Notes - 2006
Data from 2006 Vital Records.

Narrative:

/2010/ In 2008, 9.1% of live births to Wyoming residents weighed less than 2,500 grams. This represents an increase from 8.8% in 2007, but the change is not statistically significant. This data has consistently fluctuated since 2001.

Not all of Wyoming communities have providers to care for pregnant women. With full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties and assures access to services on a sliding fee scale. PHP is funded providing women with a negative pregnancy test three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.
Care coordination and HV are offered by county PHN staff, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists women in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are not eligible for the PWP, only for Emergency Delivery services. Discussions continue for solutions related to health access for this population.

In some counties, providers are requiring a substantial payment from a pregnant woman prior to receiving services, which results in an increased number of pregnant women not receiving prenatal care.
Prenatal classes offered through PHN offices address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Preliminary steps are being taken to schedule Childbirth Education (CBE) training.
PbC will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.
MFH promotes family-centered services through MHR and NBIC, by providing reimbursement for fathers to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation offering suggestions of how to prepare for transport out of state for specialty care.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care. //2010//

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	6.9	7.0	6.9	6.9	7.3
Numerator	458	495	508	508	554
Denominator	6602	7033	7395	7395	7569
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data from 2007 Vital Records.

Notes - 2007
Data from 2006 Vital Records.

Notes - 2006
Data from 2006 Vital Records.

Narrative:
/2010/ In 2008, 7.3% of live singleton births weighed less than 2,500 grams. This was an increase from 6.9% in 2006, although the change is not statistically significant.
Not all of Wyoming communities have providers to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties, and assures access to services on a sliding fee scale. PHP is funded providing women with a negative pregnancy test three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.
Care coordination and HV are offered, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are not eligible for the PWP, only for Emergency Delivery services. Discussions continue for solutions related to health access for this population. In some counties, providers are requiring a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.
Prenatal classes offered through PHN offices address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Preliminary steps are being taken to schedule CBE training.
PbC will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.
MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation, offering suggestions of how to prepare for transport out of state for specialty care.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care. //2010//

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.5	1.2	1.2	1.2	1.0
Numerator	100	89	88	88	81
Denominator	6803	7231	7640	7640	7822
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data from 2007 Vital Records.

Notes - 2007
Data from 2006 Vital Records.

Notes - 2006
Data from 2006 Vital Records.

Narrative:
/2010/ In 2008, 1.0% of live births in Wyoming weighed less than 1,500 grams. This was a decrease from 2006 of 1.2%, but the change is not statistically significant. This data has consistently fluctuated since 2001.
Not all of Wyoming communities have providers to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties, assuring access to services on a sliding fee scale. PHP is funded providing women with a negative pregnancy test three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.
Care coordination and HV are offered through county PHN offices, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are eligible for only Emergency Delivery services. Discussions continue for solutions related to health access for this population. In some counties, providers are requiring a substantial payment from a pregnant woman prior to receiving services, which results in an increased number of pregnant women not receiving prenatal care.

Prenatal classes offered through PHN offices address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Preliminary steps are being taken to schedule Childbirth Education (CBE) training.
PbC will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.

MFH promotes family-centered services through MHR and NBIC, by providing reimbursement for fathers or significant others to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation, offering suggestions of how to prepare for transport out of state for specialty care.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care. //2010//

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	1.2	0.9	0.8	0.8	0.8
Numerator	76	65	61	61	58
Denominator	6602	7033	7395	7395	7569
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Data from 2007 Vital Records.

Notes - 2007
Data from 2006 Vital Records.

Notes - 2006
Data from 2006 Vital Records.

Narrative:
/2010/ In 2007, 0.77% of singleton live births weighed less than 1,500 grams. This was a decrease from 0.82% in 2006, although this does not represent statistically significant change. This percentage has consistently decreased since 2004.

Not all of Wyoming communities have providers to care for pregnant women. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester. There are no tertiary care facilities for pregnant women or infants in Wyoming.

WHC makes FP available to all counties, and assures access to services on a sliding fee scale. PHP is funded providing women with a negative pregnancy test three months of prenatal vitamins with folic acid. Migrant Health services provide translation, prenatal service support, and PHP to migrant and seasonal farm workers.

Care coordination and HV are offered, providing prenatal assessment and referral for women as early as possible in their pregnancy. PHN staff assists women in applying for the EqualityCare PWP as appropriate, and referrals are made to Kid Care CHIP when necessary. Non-citizens are eligible for only Emergency Delivery services. Discussions continue on solutions for health access for this population.

In some counties, providers are requiring a substantial down payment from a pregnant woman prior to receiving prenatal services, which results in an increased number of pregnant women not receiving prenatal care.

Prenatal classes offered through PHN offices address the importance of early, appropriate, and consistent prenatal care; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. Preliminary steps are being taken to schedule Childbirth Education (CBE) training.
PbC will be available for EqualityCare-eligible postpartum women to extend FP services from six weeks to one year.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.
MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers to visit mother and baby when transferred out of state. Plan for the Unexpected When You Are Expecting placards are distributed to pregnant women at 20 weeks gestation, offering suggestions of how to prepare for transport out of state for specialty care.

HBWW is implemented through PHN offices and other community partners to assure providers are aware of the risk of inadequate weight gain during pregnancy.

An informational booklet, Coming of the Blessing, a Pathway to a Healthy Pregnancy, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), preterm labor signs and symptoms, and importance of prenatal care. //2010//

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	18.6	15.9	13.6	13.6	10.9
Numerator	54	45	39	39	32
Denominator	290140	283859	286385	286385	294462
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008

Three-year rates (2005-2007) were used due to single-year numerators <20. Denominator data from Census estimates.

Notes - 2007
Three-year rates (2004-2006) were used due to single-year numerators <20. Denominator data from Census estimates.

Notes - 2006
Three-year rates (2004-2006) were used due to single-year numerators <20. Denominator data from Census estimates.

Narrative:
/2010/ The death rate due to unintentional injuries among children aged 14 years and younger was 10.9 per 100,000 in 2007. This represents a statistically significant decrease from the 2006 death rate of 13.6 per 100,000. This rate has consistently decreased since 2004.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. The office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach to public awareness, education, public policy advocacy, and community action. MFH serves on the SKW leadership team and provides financial and programmatic support for SKW.

SKW has identified goals to improve child injury prevention messages through effective use of Wyoming data and by providing parent and caregiver education to improve child safety. The SKW website provides fact sheets on a multitude of safety topics, including bicycle use, choking, drowning, falls, playground safety, poisoning, toy safety, and burns. It provides a parent safety checklist and information on product recalls.

An MFH representative previously served on the WCMIFRT, but left in 2008. Legislation introduced in 2008 and 2009 to expand child fatality review to include all preventable deaths failed. MFH is attending the "Keeping Kids Alive" national symposium sponsored by MCHB in May 2009, to further discussions around the development of a comprehensive review process for all preventable child fatalities. A staff member from the WY DFS is also planning to attend the symposium.

MFH provides capacity grants, materials and training opportunities to county PHN offices to assist communities in development, delivery, and evaluation of MCH services. Dr. Harvey Karp, the founder of the Happiest Baby on the Block and Happiest Toddler on the Block programs, presented at the 2008 MFH conference on how to operate the programs through PHN offices. Personnel from DFS, law enforcement, Head Start and developmental preschools were invited to this training to support their work with infants and toddlers and their families. MFH provides Happiest Baby Parent kits for certified PHN trainers to distribute at parent classes. Prevention materials from the National Center for Shaken Baby Syndrome are also distributed to PHN offices, IHS clinics and to local hospitals. MFH provided items for hands on teaching pertaining to unintentional injuries. Such items include the shaken baby demonstration model and ID tags that provided education on shaken baby syndrome prevention. //2010//

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2004	2005	2006	2007	2008
Annual Indicator	9.3	7.0	4.9	4.9	4.8
Numerator	27	20	14	14	14
Denominator	290140	283859	286385	286385	294462
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	

Notes - 2008
Three-year rates (2004-2006) were used due to single-year numerators <20. Denominator data from Census estimates.

Notes - 2007
Three-year rolling rates (2004, 2005, 2006) were used due single-year numerators <20. Denominator data from July 1 yearly census estimates (2004, 2005, 2006).

Notes - 2006
Three-year rolling rates (2004, 2005, 2006) were used due single-year numerators <20. Denominator data from July 1 yearly census estimates (2004, 2005, 2006).

Narrative:
/2010/ In 2007, the death rate from unintentional injuries due to motor vehicle crashes among children aged 14 years and younger was 4.8 per 100,000. This does not represent a significant change from 4.9 in 2006. This rate has been decreasing since 2004.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. This office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action.

MFH serves on the SKW leadership team and provides financial and programmatic support for SKW. MFH funding has been used for seatbelt safety message billboards across the state.
MFH provides capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services. PHN staff in some county offices are involved in local SKW chapters and certified as child passenger safety technicians.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. This is being addressed by supporting enforcement of child restraint laws. SKW provides educational opportunities for law enforcement offices in counties without a Safe Kids chapter and holds child passenger safety certification classes to increase and maintain the number of certified technicians throughout the state. The goal to increase seatbelt and child restraint usage in Wyoming is addressed through funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

SKW has identified a goal to improve child injury prevention messages through effective use of Wyoming data. This is initially being accomplished through the development of reference lists of available data sources, which can be used to impact marketing strategies.

Another SKW action plan goal focuses on parent and caregiver education to improve child safety. Strategies relating to this goal focus on statewide parent education programs on causes and prevention of unintentional injuries; use of brochures, flyers, billboards, and public service announcements; collaboration with other agencies and SKWW to utilize existing resources; and making resources available to SKW chapters to support local education efforts.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information. //2010//

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	54.0	54.5	50.8	50.8	43.7
Numerator	43	43	39	39	33
Denominator	79667	78872	76799	76799	75529
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Three-year rates (2004-2006) were used due to single-year numerators <20. Denominator data from Census estimates.

Notes - 2007
Data from 2006 Vital Records (numerator) and 2006 Census estimates (denominator).

Notes - 2006
Data from 2006 Vital Records (numerator) and 2006 Census estimates (denominator).

Narrative:
/2010/ The death rate from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years was 43.7 per 100,000 in 2007. This was a statistically significant decrease from the 2006 death rate (50.8 per 100,000). This rate has consistently decreased since 2005.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. The office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action.
MFH serves on the SKW leadership team and provides financial and programmatic support. MFH funding has been used for seatbelt safety message billboards across the state.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt usage in Wyoming is addressed through funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

MFH provides capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services. //2010//

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	322.8	306.2	286.1	276.3	253.5
Numerator	305	283	284	284	263
Denominator	94496	92425	99257	102780	103730
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Includes all E codes from FY 2008 (07/01/07 - 06/30/08) Hospital Discharge Database. Denominator from 2008 Census estimates.

Notes - 2007
Includes all E codes from FY 2007 (07/01/06 - 06/30/07) Hospital Discharge Database. Denominator from 2006 Census estimates.

Notes - 2006
FY2006 Hospital Discharge data will not be available as only a partial year of data was collected. The denominator is from US Census population estimates.

Narrative:
/2010/ The rate of all nonfatal injuries among children ages 0 to 14 years was 253.5 per 100,000 in 2008. This represents a statistically significant decrease from the 2007 rate of 276.3 per 100,000. This rate has consistently decreased since 2004.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. This office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH serves on the SKW leadership team and provides financial and programmatic support to KW.

SKW has identified goals to improve child injury prevention messages through effective use of Wyoming data and through providing parent and caregiver education to improve child safety. The SKW website provides fact sheets on a multitude of safety topics including bicycle use, choking, drowning, falls, playground safety, poisoning, toy safety, and burns. It provides a parent safety checklist and information on product recalls.

An MFH representative previously served on the WCMIFRT, but left in 2008. Legislation introduced in 2008 and 2009 to expand child fatality review to include all preventable deaths failed. MFH is attending the "Keeping Kids Alive" national symposium sponsored by MCHB in May 2009 to further discussions around the development of a comprehensive review process for all preventable child fatalities. A staff member from the Wyoming DFS is also planning to attend the symposium.

MFH provides capacity grants, materials and training opportunities to county PHN offices to assist communities in development, delivery, and evaluation of service. Dr. Harvey Karp, the founder of the Happiest Baby on the Block and Happiest Toddler on the Block programs, presented at the 2008 MFH conference on how to operate the programs through PHN offices. Personnel from Department of Family Services, law enforcement, Head Start, and developmental preschool providers were invited to this training to support their work with infants, toddlers, and their parents. MFH provides Happiest Baby Parent kits for certified PHN trainers to distribute at parent classes. Prevention materials from the National Center for Shaken Baby Syndrome are also provided to PHN offices, IHS clinics, and local hospitals. MFH provided items for hands on teaching pertaining to unintentional injuries. Such items include the shaken baby demonstration model and ID tags that provide education on shaken baby syndrome prevention. //2010//

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	44.4	40.0	37.3	36.0	28.9
Numerator	42	37	37	37	30
Denominator	94496	92425	99257	102780	103730
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	

Notes - 2008
Includes E-codes E810-E825 from FY 2007 Hospital Discharge Database. Denominator from 2007 Census estimates.

Notes - 2007
Includes E-codes E810-E825 from FY 2006 Hospital Discharge Database. Denominator from 2006 Census estimates.

Notes - 2006

FY2006 Hospital Discharge data will not be available as only a partial year of data was collected. The indicator is an estimate.

Narrative:
/2010/ The rate of all nonfatal injuries due to motor vehicle crashes among children ages 0 to 14 years was 28.9 per 100,000 in 2007. This represents a statistically significant decrease from the 2007 rate (36.0 per 100,000). This rate has consistently decreased since 2002.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. This office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action. MFH serves on the SKW leadership team and provides financial and programmatic support to SKW. MFH funding has been used for seatbelt safety message billboards across the state.

MFH provides capacity grants to county PHN offices to support involvement in local SKW chapters' efforts and activities. Some PHN staff are certified child passenger safety technicians. This has resulted in a decrease in the manpower needed to support SKW efforts at the local level.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt and child restraint usage in Wyoming is addressed by funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles, and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

An MFH representative previously served on the WCMIFRT, but left in 2008. Legislation introduced in 2008 and 2009 to expand child fatality review to include all preventable deaths failed. MFH is attending the "Keeping Kids Alive" national symposium sponsored by MCHB in May 2009 to further discussions around the development of a comprehensive review process for all preventable child fatalities. A staff member from the Wyoming DFS is also planning to attend the symposium.
//2010//

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	225.9	182.6	200.5	215.8	210.2
Numerator	180	144	154	163	163
Denominator	79667	78872	76799	75529	77532
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years					

is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Includes E-codes E810-E825 from FY 2007 Hospital Discharge Database. Denominator from 2007 Census estimates.

Notes - 2007
Includes E-codes E810-E825 from FY 2006 Hospital Discharge Database. Denominator from 2006 Census estimates.

Notes - 2006
FY2006 Hospital Discharge data will not be available as only a partial year of data was collected. The indicator is an estimate.

Narrative:
/2010/ The rate of nonfatal injuries due to motor vehicle crashes among youth ages 15 to 24 years was 210.2 per 100,000 in 2008. This represents a statistically significant decrease from the 2007 rate (215.8 per 100,000). This rate has fluctuated since 2001.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. The office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach of public awareness, education, public policy advocacy, and community action.
MFH serves on the SKW leadership team and provides financial and programmatic support to SKW. MFH funding has been used for seatbelt safety message billboards across the state.

The SKW action plan identifies a goal for decreasing the number of fatalities and injuries due to motor vehicle crashes. The goal to increase seatbelt and child restraint usage in Wyoming is addressed through funded billboards in strategic locations throughout the state and through collaborative work with the Wyoming Seatbelt Coalition.

The SKW website provides information on state and regional laws relating to child safety restraints, boating, motorcycles, off-road all terrain vehicles, and snowmobiles. Safety fact sheets are also available relating to car seat usage, motor vehicle safety, and car seat recall information.

MFH provides capacity grants to county PHN offices to assist communities in development, delivery, and evaluation of services. //2010//

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	17.0	19.7	22.5	20.7	23.8
Numerator	323	328	363	367	397
Denominator	18977	16666	16134	17754	16670
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year,					

and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Numerator is from Vital Records 2008. Denominator from 2008 Census estimates.

Notes - 2007
Denominator from 2007 Census estimates.

Notes - 2006
Denominator from 2006 Census projections.

Narrative:
/2010/ MFH provided funding to WHC to expand the availability of FPC within Wyoming. WHC assured access to comprehensive, high quality, voluntary family planning services, including testing and treatment for STI. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

MFH partners with WDE to integrate education about HIV, STI, and pregnancy prevention. Opportunities to educate citizens and policymakers about the importance of a healthy school environment and positive youth development continue through the WDE and MFH partnership.

BB, a collection of perinatal PHN home visiting services, offers care coordination and the Nurse Family Partnership (NFP) home visiting model to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. Pregnant women were also assisted in filling out applications for the EqualityCare PWP as appropriate and referred to Kid Care CHIP when necessary.

Prenatal classes were offered through PHN offices to address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); risks of infection; and of substance use in pregnancy.

PHN offices worked with some local school districts to offer the NFP program to pregnant teens for high school credit, allowing this service to be provided in school or through a home study program. This was accomplished through a crosswalk of the Wyoming Health Content and Performance Standards with the NFP program. //2010//

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2004**	**2005**	**2006**	**2007**	**2008**
Annual Indicator	5.5	6.3	8.2	6.4	6.9
Numerator	457	521	673	536	597
Denominator	83362	82554	81994	83804	85911
Check this box if you cannot report the numerator					

because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2008
Numerator is from Vital Records 2008. Denominator from 2008 Census estimates.

Notes - 2007
Denominator from 2007 Census estimates.

Notes - 2006
Denominator from 2006 Census projections.

Narrative:
/2010/ The rate of women aged 20 through 44 years old with a reported case of chlamydia was 6.9 per 1,000 in 2008. This represents a slight increase from the 2007 rate of 6.4 per 1,000, but the change is not statistically significant.

MFH provided funding to WHC to expand the availability of FPC within Wyoming. WHC assured access to comprehensive, high quality, voluntary family planning services, including testing and treatment for STI. The funding included implementation of a PHP where all women who have a negative pregnancy test received a packet of information on intendedness of pregnancy, several condoms, and a three month supply of prenatal vitamins with folic acid.

BB, a collection of perinatal PHN home visiting services, offers care coordination and the NFP home visiting model to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. Pregnant women were also assisted in filling out applications for the EqualityCare PWP as appropriate and referred to Kid Care CHIP when necessary.

Prenatal classes were offered through PHN offices to address the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); risks of infection; and of substance use in pregnancy.//2010//

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	8247	6950	268	264	153	13	599	0
Children 1 through 4	30100	26527	1042	1206	656	36	633	0
Children 5 through 9	34779	30908	1259	1398	605	76	533	0

Children 10 through 14	35232	31554	985	150	457	72	2014	0
Children 15 through 19	38337	35049	728	1670	395	77	418	0
Children 20 through 24	40415	36252	866	1374	456	65	1402	0
Children 0 through 24	187110	167240	5148	6062	2722	339	5599	0

Notes - 2010

Narrative:
/2010/ The WECP and the WY Kids First Initiative focuses on development of a comprehensive and collaborative early childhood system of quality based early care and education, integrated family support services, and accessible and affordable healthcare. The WECP and the WY Kids First Initiative include many of the stakeholders from the original CFI, the ECCS steering committee, DWS staff responsible for the quality childcare initiative, private childcare providers, DFS staff, and other partners in continuing the work intended to benefit the youngest Wyoming citizens. In January 2008, Wyoming was awarded a Smart Start Technical Assistance Center grant to develop a comprehensive early childhood system. A statewide assessment of the state's previous efforts toward early childhood system development was completed, and six recommendations were made based on these findings. These recommendations guide the work of the WECP and the initiative. ECCS grant funds are being used to provide some financial support for this work. MFH staff is involved in grant and contract management oversight of the work of the WECP.

The availability of care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and they will be assisted in applying for PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population who are only eligible for EqualityCare emergency delivery services.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. CBE training will be offered to Wyoming nurses who teach prenatal classes to assure current EBP is presented at all prenatal classes.
MFH will provide limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per Diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

Tertiary care visits will be conducted in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD, destinations of pregnant women and infants in need of tertiary care. The purpose will be to assure all Wyoming families are being referred to MFH for follow-up services. //2010//

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	7505	742	0
Children 1 through 4	27559	2541	0
Children 5 through 9	31085	3694	0
Children 10 through 14	31495	3737	0
Children 15 through 19	35026	3311	0
Children 20 through 24	36666	3749	0
Children 0 through 24	169336	17774	0

Notes - 2010

Narrative:
/2010/ Wyoming is unique in that our minority populations are primarily Hispanic (6.4%) and Native American (2.1%). Therefore, we direct the majority of minority services to the two counties in which most of the population resides (Teton and Fremont Counties).

MFH attends and financially supports Adelante Niños. This conference focuses on educating fifth graders, including CSHCN, who were transitioning into Junior High about issues that face this age group, such as drug and alcohol use, safe sex, and the importance of education.

The WECP and the WY Kids First Initiative focuses on development of a comprehensive and collaborative early childhood system of quality based early care and education, integrated family support services, and accessible and affordable health care. The WECP and the WY Kids First Initiative include many of the stakeholders from the original CFI, the ECCS steering committee, DWS staff responsible for the quality childcare initiative, private childcare providers, DFS staff, and other partners in continuing the work intended to benefit the youngest Wyoming citizens. In January 2008, Wyoming was awarded a Smart Start Technical Assistance Center grant to develop a comprehensive early childhood system. A statewide assessment of the state's previous efforts toward early childhood system development was completed and six recommendations were made based on these findings. These recommendations guide the work of the WECP and the initiative. ECCS grant funds are being used to provide some financial support for this work. MFH staff is involved in grant and contract management oversight of the work of the WECP.

The availability of care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and they will be assisted in applying for PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population who are only eligible for EqualityCare emergency delivery services.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. CBE training will be offered to Wyoming nurses who teach prenatal classes to assure current EBP is presented at all prenatal classes.
MFH will promote family-centered services by providing per Diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.//2010//

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	8	7	1	0	0	0	0	0
Women 15 through 17	237	186	5	19	0	0	0	27
Women 18 through 19	667	567	10	55	3	0	0	32
Women 20 through 34	6216	5644	55	207	37	0	0	273
Women 35 or older	701	632	3	12	16	0	0	38
Women of all ages	7829	7036	74	293	56	0	0	370

Notes - 2010

Narrative:
/2010/ Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver them. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester.

There are no tertiary care facilities for mothers or babies in Wyoming.
MFH funds WHC to expand the availability of FPCs and assure access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provide contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy, as well as pregnancy testing.

Through WHC, MFH funds a PHP, where women who have a negative pregnancy test receive a packet including three months of prenatal vitamins with folic acid, several condoms, and materials discussing risks of unintended pregnancy. MFH also funds the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Care coordination and HV are offered through county PHN offices to pregnant women as early as possible in their pregnancy. PHN staff assists clients in applying for the EqualityCare PWP as appropriate, with referrals made to Kid Care CHIP when necessary. Non-citizens are only eligible for Emergency Delivery services. Pregnancy by Choice is available for EqualityCare-eligible women to extend FP services.

MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby when transferred out of state for specialty care.
Plan for the Unexpected When You are Expecting placards are distributed to pregnant women at 20 weeks gestation. The placard offers suggestions on what to have prepared

in case of emergency transport to a tertiary care center out of the state.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.

The HBWW project targets providers to assure women gain adequate weight during pregnancy.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), risk of substance use and domestic violence to birth outcomes, preterm labor signs and symptoms, and importance of prenatal care.

MFH provides capacity grants to county PHN offices for translation services, and to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	4	4	0
Women 15 through 17	183	54	0
Women 18 through 19	563	104	0
Women 20 through 34	5517	669	0
Women 35 or older	625	76	0
Women of all ages	6892	907	0

Notes - 2010

Narrative:
/2010/ Due to the HPSAs in Wyoming, not all communities have providers available to care for pregnant women or hospitals to deliver them. Additionally, with full caseloads, some providers do not schedule prenatal visits within the first trimester.

There are no tertiary care facilities for mothers or babies in Wyoming.

MFH funds WHC to expand the availability of FPC and assure access to comprehensive, high quality, voluntary family planning services for both men and women. Clinics provide pregnancy testing and contraceptive supplies on a sliding fee scale to assist families in planning an intended pregnancy.

Through WHC, MFH funds a PHP, where women who have a negative pregnancy test

receive a packet including three months of prenatal vitamins with folic acid, several condoms, and materials discussing risks of unintended pregnancy. MFH also funds the expansion of Migrant Health services within Wyoming to provide translation, prenatal service support and PHP to migrant and seasonal farm workers.

Care coordination and HV are offered to pregnant women through county PHN offices as early as possible in their pregnancy. PHN staff assists clients in applying for the EqualityCare PWP as appropriate, with referrals made to Kid Care CHIP when necessary.

PbC is available for EqualityCare-eligible women to extend FP services from six weeks to one year.
MFH promotes family-centered services through MHR and NBIC by providing reimbursement for fathers or significant others to visit and support mother and baby when transferred out of state for specialty care.
Plan for the Unexpected When You are Expecting placards are distributed to pregnant women at 20 weeks gestation. The placard offers suggestions on what to have prepared in case of emergency transport to a tertiary care center out of the state.

To assure all Wyoming families who access tertiary care are referred to MFH for follow-up services, annual visits are conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD.

The HBWW project targets providers to assure women gain adequate weight during pregnancy.

Coming of the Blessing, a Pathway to a Healthy Pregnancy, an informational booklet specific to both major tribes represented in Wyoming, is distributed to American Indian clients. Culturally sensitive information includes the role of the father during pregnancy and postpartum, the importance of preconception health, nutrition (including folic acid use), risk of substance use and domestic violence to birth outcomes, preterm labor signs and symptoms, and importance of prenatal care.

MFH provides capacity grants to county PHN offices for translation services, and to assist in development, delivery, and evaluation of services, including promotion of early, consistent, and adequate prenatal care. This funding supplements IHS funding to enhance health services delivery to the WRR population. //2010//

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	57	47	1	4	3	0	0	2
Children 1 through 4	5	5	0	0	0	0	0	0
Children 5 through 9	5	4	0	1	0	0	0	0
Children 10 through 14	7	6	0	1	0	0	0	0
Children 15	29	27	0	0	0	0	0	2

through 19								
Children 20 through 24	57	50	0	6	0	0	0	1
Children 0 through 24	160	139	1	12	3	0	0	5

Notes - 2010

Narrative:
/2010/ Care coordination and the NFP home visiting model are offered to pregnant women and families through county PHN offices as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and clients are assisted in applying for the EqualityCare PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population who are only eligible for EqualityCare emergency delivery services.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. CBE training will be offered to Wyoming nurses who teach prenatal classes to assure current EBP is presented at all prenatal classes.
MFH will provide limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

Tertiary care visits will be conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD, destinations of pregnant women and infants in need of tertiary care. The purpose will be to assure all Wyoming families are being referred to MFH for follow-up services.

An MFH representative previously served on the WCMIFRT, but left in 2008. Legislation introduced in 2008 and 2009 to expand child fatality review to include all preventable deaths failed. MFH is attending the "Keeping Kids Alive" national symposium sponsored by MCHB in May 2009 to further discussions around the development of a comprehensive review process for all preventable child fatalities. A staff member from the Wyoming DFS is also planning to attend the symposium.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. The office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach to public awareness, education, public policy advocacy, and community action. MFH serves on the SKW leadership team and provides financial and programmatic support for SKW. The SKW Program Coordinator will be participating in the 2010 Needs Assessment process.

WDH is beginning injury surveillance across the life span in preparation for application to the CDC Injury Program. //2010//

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	54	3	0
Children 1 through 4	5	0	0
Children 5 through 9	4	1	0
Children 10 through 14	7	0	0
Children 15 through 19	23	6	0
Children 20 through 24	50	7	0
Children 0 through 24	143	17	0

Notes - 2010

Narrative:
/2010/ Care coordination and the NFP home visiting model will be offered to pregnant women and families through county PHN offices as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and clients will be assisted in applying for the EqualityCare PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population only eligible for EqualityCare emergency delivery services.

Individual and group prenatal classes will be offered through PHN offices, addressing the importance and value of early, appropriate, and consistent prenatal care; healthy lifestyle promotion; signs and symptoms of preterm labor; nutritional issues (appropriate weight gain); and risks of substance use in pregnancy. CBE training will be offered to Wyoming nurses who teach prenatal classes to assure current EBP is presented at all prenatal classes.
MFH will provide limited financial assistance through the MHR and NBIC Programs for financially and medically eligible high-risk mothers and infants. MFH will promote family-centered services by providing per diem and mileage reimbursement for fathers or significant others to visit and support mother and baby.

Tertiary care visits will be conducted at hospitals in Denver, CO; Salt Lake City, UT; Billings, MT; and Rapid City, SD, destinations of pregnant women and infants in need of tertiary care. The purpose will be to assure all Wyoming families are being referred to MFH for follow-up services.

An MFH representative previously served on the WCMIFRT, but left in 2008. Legislation introduced in 2008 and 2009 to expand child fatality review to include all preventable deaths failed. MFH is attending the "Keeping Kids Alive" national symposium sponsored by MCHB in May 2009 to further discussions around the development of a comprehensive review process for all preventable child fatalities. A staff member from the Wyoming DFS is also planning to attend the symposium.

MFH is the lead state agency for SKWW and contracts with CRMC to maintain the SKW state office. The office focuses on the development and support of local coalitions within the state to reduce unintentional injuries through a multifaceted approach to public awareness, education, public policy advocacy, and community action. MFH serves on the SKW leadership team and provides financial and programmatic support for SKW. The

SKW Program Coordinator will be participating in the 2010 Needs Assessment process.

WDH is beginning injury surveillance across the life span in preparation for application to the CDC Injury Program. //2010//

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	135686	127608	1700	725	1146	312	4195	0	2007
Percent in household headed by single parent	29.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	3.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in Medicaid	52761	39303	1140	11864	209	61	0	184	2007
Number enrolled in SCHIP	8863	6263	99	382	54	27	0	2038	2007
Number living in foster home care	1325	918	63	198	4	1	0	141	2008
Number enrolled in food stamp program	8282	7062	193	981	24	12	0	10	2008
Number enrolled in WIC	8684	7596	142	236	40	12	362	296	2008
Rate (per 100,000) of juvenile crime arrests	5247.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	5.2	4.6	8.4	13.2	3.1	0.0	0.0	0.0	2007

Notes - 2010
US Census Estimate for 2007.

The % in single household is percent of households with children younger than 18 years that are single parent households, from Census American Community Survey 2006. Not available by race; only available by households with children <18.

Estimated based on average monthly participation in 2008. The new WIC data system is currently under construction.

Juvenille arrests not available by race or ethnicity. Rate calculated for children 0-17 years old in CY 2007.

High School dropout data not available by >one race, other, non-Hispanic, Asian and Pacific Islander/Hawaiian are included with Asian.

Narrative:
/2010/ Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and clients will be assisted in applying for the EqualityCare PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population only eligible for EqualityCare emergency delivery services. MFH was invited by the WDE in August 2008 to participate in the development of recommendations for a statewide plan to address the needs of at-risk students. Recommendations focus on designing a continuum of services for all students through a tiered model that increases service intensity based on the needs of the individual students considered at-risk.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. These families who have a CSHCN are referred to MFH programs to determine eligibility for MFH services. Referrals continue to be shared among APS, Kid Care CHIP, DFS, and MFH.

MFH and PHN staff follow-up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare, and Kid Care CHIP programs that are available. EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients. MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

MFH and PHN staff collaborate with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile. PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food. MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions. //2010//

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	121663	14024	0	2007
Percent in household headed by single parent	0.0	0.0	29.4	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2007
Number enrolled in Medicaid	7442	45269	0	2007
Number enrolled in SCHIP	7785	1078	0	2007
Number living in foster home care	1176	149	0	2008
Number enrolled in food stamp program	8281	950	0	2008
Number enrolled in WIC	6141	2356	187	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	5247.1	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	8.0	0.0	2007

Notes - 2010

Narrative:

/2010/ Care coordination and the NFP home visiting model will be offered to pregnant women and families as a best practice strategy to assist in identification of high-risk pregnancies. PHN staff will provide prenatal assessment and referral for pregnant women, and clients will be assisted in applying for the EqualityCare PWP with referrals made to Kid Care CHIP as appropriate. Discussions will continue to determine how to address the health needs of the population only eligible for EqualityCare emergency delivery services.

MFH was invited by the WDE in August 2008, to participate in the development of recommendations for a statewide plan to address the needs of at-risk students. Recommendations focus on designing a continuum of services for all students through a tiered model that increases service intensity based on the needs of the individual students considered at-risk.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. These families who have a CSHCN are referred to MFH programs to determine eligibility for MFH services. Referrals continue to be shared among APS, Kid Care CHIP, DFS, and MFH.

MFH and PHN staff follow up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in networking with communities throughout the state. This allows Wyoming citizens to be informed about MFH, EqualityCare, and Kid Care CHIP programs that are available. EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients. MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

MFH and PHN staff collaborates with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile. PHN refers families

to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food. MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions. //2010//

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	91053
Living in rural areas	48856
Living in frontier areas	0
Total - all children 0 through 19	139909

Notes - 2010

Narrative:
/2010/ Wyoming is geographically the ninth largest state in the United States (US) with 97,670 square miles. It is bordered by six other states: South Dakota, Nebraska, Montana, Idaho, Utah, and Colorado. The 23 Wyoming counties, in addition to the Wind River Reservation (WRR), cover terrain ranging from semi-arid plains and rolling grasslands to snow-covered peaks along the Continental Divide, with each county being larger than many East Coast states.

Wyoming is the least populated state in the Union with an estimated population of 509,294 (Census Bureau, 2005). The population density of 5.1 persons per square mile categorizes Wyoming as a "frontier" state, with few communities and many miles in between. The size and rural nature of the state, coupled with the sparse population, present obvious geographical barriers to healthcare access.

With our largest city averaging just over 50,000 in population and 70% of Wyomingites living in the counties that are considered rural or frontier, traveling for services is a must.

WDH is working to increase the number of Wyoming children who have a medical home, but the process is challenging. Pediatricians are unevenly distributed throughout the state, and family practice physicians have high caseloads. Wyoming also has inherent geographical challenges. Families are encouraged to have one Primary Care Provider (PCP) with PHNs and other community resources helping to carry out some of the functions of a medical home. MFH emphasizes the importance of well-child checks in addition to specialty care visits.

Efforts continue to be directed towards coordinating care between pediatric specialists and the PCP by obtaining medical records, and assuring that a copy is available for the PCP and PHN staff. PHN staff work with the PCP in case management and assist with care coordination.

In 2009, MFH began funding a dietitian/nutritionist to complete the Jackson diabetes clinic team. MFH funds a nutritionist to attend the First Step Diagnostic Clinic biannually. Dr. Robert Leland and Dr. Diane Edwards have increased the number of developmental clinics they hold. MFH collaborated with Developmental Pediatric Services in supporting Autism

Awareness Month and free autism screenings around the state.

In spring 2009, MFH supported the Wyoming Lion's Early Childhood Vision Project with funds to purchase additional screening equipment and to continue screening activities around the state. The purpose of vision screening is to prevent serious vision problems through early detection. MFH will continue to meet with a group of stakeholders to help determine a sustainability plan for this project.

In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs. //2010//

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	515739.0
Percent Below: 50% of poverty	4.9
100% of poverty	10.9
200% of poverty	29.6

Notes - 2010

Narrative:
2010/ There was a decrease in the percent of Wyoming's population below the 200% poverty level in 2007 to 29.56% from the 2006 estimate of 32.3%. There was a slight increase in both the below 50% of poverty level and below 100% of poverty level from 2006 to 2007. The below 50% increased from 4.8% to 4.94%, and the below 100% increased from 10.6% to 10.92%.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have better comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. These families who have a child with a special health care need are offered referral to MFH programs to determine eligibility for MFH services. Referrals continue to be shared amongst APS, Kid Care CHIP, DFS, and MFH.

OHS participates on the Kid Care CHIP Coordination Committee, addressing dental needs of the MFH population.
MFH and PHN staff follow-up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in outreach with communities throughout the state, allowing Wyoming citizens to be informed about MFH, EqualityCare, and Kid Care CHIP programs that are available. EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients. MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.
In 2009, MFH expanded travel benefits to include travel assistance to all families eligible for MHR, NBIC, and CSH programs.

The availability of care coordination and the NFP home visiting model is offered to pregnant women and families as a best practice strategy. MFH and PHN staff collaborates with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above

the 85th percentile. PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking nutritional food.

MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions. //2010//

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	142802.0
Percent Below: 50% of poverty	6.8
100% of poverty	13.5
200% of poverty	32.7

Notes - 2010

Narrative:
/2010/ In 2007 the estimated percent of Wyoming's population aged 0 through 19 years that was below 50% of poverty level 6.8%, 13.5% were below 100% of poverty level, and 32.7% were below 200% of poverty level. This indicator is not compared to previous years due to database conversion in 2006.

Families are required to apply for EqualityCare and Kid Care CHIP prior to becoming eligible for MFH services. This policy allows families to have more comprehensive healthcare coverage. Qualified non-citizens continue to be eligible for services while illegal non-citizens are ineligible. These families who have a child with a special health care need are offered referral to MFH programs to determine eligibility for MFH services. Referrals continue to be shared amongst APS, Kid Care CHIP, DFS, and MFH.

OHS participates on the Kid Care CHIP Coordination Committee, addressing dental needs of the MFH population.
MFH and PHN staff follow-up with families who need to reapply for EqualityCare or Kid Care CHIP, assuring healthcare coverage is continued. MFH participates with Kid Care CHIP in outreach with communities throughout the state, allowing for Wyoming citizens to be informed about MFH, EqualityCare, and Kid Care CHIP programs that are available. EqualityCare and Kid Care CHIP utilize the same application, streamlining the eligibility process. MFH collaborates with Kid Care CHIP to provide gap-filling services to dual-eligible clients. MFH provides services, such as care coordination and appointment reminders, that EqualityCare or Kid Care CHIP do not provide.

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The availability of care coordination and the NFP home visiting model is offered to pregnant women and families as a best practice strategy. MFH and PHN staff collaborates with WIC to refer families when care coordination reveals a child under the age of five with a BMI at or above the 85th percentile. PHN refers families to Cent$ible Nutrition, as available in their community, for support and education related to purchasing and cooking

nutritional food.

MFH encourages PHN staff to take advantage of all opportunities to educate providers on referring children to WIC when at or above the 85th BMI percentile. Examples include local health fairs, early intervention councils, community advisory boards, and local healthcare provider coalitions. //2010//

F. Other Program Activities

During the reporting year, MFH has collaborated with various partners to present cultural competency training. One of the presenters at the annual MFH/PHN meeting in August 2006 was a former midwife in Mexico. The focus of that presentation was to identify specific barriers to healthcare for immigrant/migrant populations and specific healthcare concerns of local (Wyoming) Latino populations. Additionally, training on the topics of poverty, underserved populations, communication differences, and addressing specific cultural concerns of specific populations was offered at the annual conference.

The annual MFH/PHN conference in September 2007 will include a presentation by Orlando Gonzales from the Emory University School of Medicine entitled "Harnessing Hispanic Health: Culturally and Linguistically Appropriate Services for Latino Patients".

/2010/ In 2008, Wyoming was selected for a three year Special Quest Birth-Five: Head Start/Hilton Foundation Training Program Grant. Special Quest is designed to touch the "head, heart, and hands" of families and professionals working together to create inclusive communities for young children with disabilities. The relationship and team-based approach enhances and sustains inclusive services, family leadership skills, and integrated, collaborative service delivery. Representatives from the Departments of Education, Health, Family Services, the University of Wyoming, state and regional Head Start, and family representatives comprise the Wyoming State Leadership Team. The Wyoming team participates in intensive and engaging learning experiences which use parallel process and continuous improvement strategies. In addition, teams are supported with coaching, facilitation, and follow-up over time to implement high quality inclusive services. The goals of the first year focus on inclusion, educating all team members about Special Quest, establishing formal agreements on interagency collaboration for professional development, as the professional development plan is built.

A pilot project focusing on positive youth development called "My Place, My Space" was implemented through a partnership with the Fremont County School District #1 Lights On Afterschool Program in January 2009. This pilot was based on the "WRAP for Kids" (Wellness Recovery Action Plan) program, and is based on a mental health wellness model developed by Mary Ellen Copeland, PhD. The Strengths and Difficulties Questionnaire was chosen as the data tool to measure progress for the children participating in the pilot. A modified version of this tool was implemented to gather feedback from the teachers of the children. The results of the pilot project will be reported in a break-out session at the First Annual Wyoming Afterschool Alliance Conference in June 2009.
Training for PHNs on preemie standards and assessment was held in April 2009 in Lander, Wyoming //2010//

G. Technical Assistance

Technical assistance requested continues to focus on emerging issues within the State of Wyoming. The Governor of Wyoming completed a comprehensive statewide survey of families within Wyoming. Results of that survey revealed the disproportionate level of families within the state are struggling with issues of poverty, underemployment, and the need for many families to work multiple jobs in order to maintain a minimal level of existence. Wyoming's unemployment rates are low; however, the reality of underemployment, underinsurance, and access to health care among many of Wyoming's families is becoming an area of grave concern. MFH conducted a series of statewide events entitled "Bridges Out of Poverty," which were met with much enthusiasm in the State. We are requesting continued assistance in providing guidance, leadership, technical assistance, and/or educational materials to service providers around the state that are faced with the challenge of assisting these families that are in absolute crisis.

Wyoming is currently ranked at the very top of the lists for both suicide and unintentional deaths due to motor vehicle accidents. These numbers are most alarming in our younger aged populations, especially ages 15-24.

Eighteen out of the 23 counties in Wyoming have been completely or partially designated as Health Professional Shortage Areas (HPSA) for primary care, and all 23 have been classified as Mental Health HPSA's. Wyoming continues to be in desperate need of assistance to bolster training and professional development of providers who work with and may be able to identify risk behaviors among Wyoming's residence prior to tragedy.

/2009/ MFH staff retention continues to be a challenge; efforts are focused on recruiting and retaining for current vacant positions. Assistance with recruiting and retention of MFH employees would benefit consistency within the program and would allow for improvement of services delivered to the MFH population. Specific areas that would improve with the assistance include transition from MFH programs into adult programs, as well as the referral process for accessing other programs and services.

Diversity takes on several meanings such as poverty level, race, ethnicity, and family culture, which is magnified by the fact that Wyoming is a frontier/rural state. MFH is challenged in serving diverse populations through the programs offered. With assistance in cultural competency, Wyoming citizens being served would benefit from improved services focused on family-centered and person driven care. Providing family-centered and person driven care allows for a sense of respect towards the culture expressed by the individual/family.

MFH and collaborative partners are challenged with soliciting input from children and youth for programs developed that encompass this population. For these programs to be most successful, children and youth need to be involved in the planning, implementing, and evaluation process. Identifying and accessing representative individuals within this population is challenging due to Wyoming's frontier/rural composition. //2009//

/2010/ Due to staffing changes, MFH will request budgetary assistance from HRSA. MFH will use information gathered as part of the 2011-2015 MCH Needs Assessment to direct programmatic efforts for the future. In order to accomplish effective strategic planning, MFH will request technical assistance in providing an experienced facilitator. In addition, MFH will request technical assistance to develop new communication methods in order to obtain timely and relevant feedback from stakeholders. Finally MFH requires assistance in increasing family and consumer participation. //2010//

V. Budget Narrative

A. Expenditures

FY2005 expenditures of MCH Block Grant funds and state funds were used as planned for in the budget. However, in the "other federal funds," we spent less in one area. The TANF funds were to be distributed to local Health Departments for nurse salaries. Vacancies due to the national nurse shortage are the reason for not spending the full amount budgeted.

B. Budget

Wyoming budgets on a two year cycle. This is the second year of the two year period. The 2007 budget is nearly a clone of the 2006 budget.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.